CONTROL/FILE NAME INVENTORY WORKSHEET

DEPARTMENT: Section:

BOX TRANSFER Date: ROOM FOR MORE: % FULL:

RECORD SERIES TITLE:

Period (Dates) Covered:
Reference Restriction: NONE: OR   Dept Staff Only:

Retention: Destroy Date (Year Only):

RECORD LIAISON SIGNATURE: Date:

FILE NAME: (include all pertinent information for each file or record; i.e. description (file label information and/or physical appearance, if appropriate), dates, how many files w/same name, and other identifying information)

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FOR RECORDS MANAGEMENT USE ONLY:
BOX UNIT LOCATION: _____   Date RC Entry: _____