PRINT

RECORDS TRANSFER AND RECEIPT

PAGE OF

DEPARTMENT OR AGENCY:	CODE NUMBER:	RECORDS STORAGE CENTER

The records described herein may be destroyed as so specified without further concurrence.

Please check one box. Yes [ ] No [ ]

DEPARTMENT HEAD'S SIGNATURE:	TITLE:	DATE

BOX NO.	DESCRIPTION OF RECORDS WITH INCLUSIVE DATES	GENERAL RECORDS SCHEDULE (Item & Page Numbers)	DISPOSAL DATE	
			MONTH	YEAR

FOR RECORDS CENTER USE ONLY

RECORD RECEIPT DATE	SIGNATURE:	ADDITIONAL INFORMATION
	TITLE:	

DOA FORM 174
Revised - 7/97

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