

**TRANSMITTAL AND RECEIPT
FOR RECORDS STORAGE**

SEND ORIGINAL AND TWO COPIES TO:

**Department of State
Bureau of Archives and Records Management
Mail Station 9A
Tallahassee, Florida 32399-0250
Or by Fax: (850) 488-1388**

ITEMS 1 - 3 TO BE COMPLETED BY RECORDS CENTER

1. Work Order No.

2. Date Received

3. Received By (Signature)

4. FROM (Name and Address of Transmitting Agency)

5. AGENCY CONTACT

6. LOCATION

7. TELEPHONE NO.

8. APPROVING OFFICIAL (Signature)

9. TITLE

10. DATE

11. RESTRICTIONS ON USE OF RECORDS

12. CUBIC FEET (Number of Boxes) TRANSFERRED

13. LIST OF BOXES TRANSFERRED

| 13a. Bar Code Number | 13b. Description of Records <u>MUST INCLUDE: Record Series Title From Retention Schedule and Inclusive Dates</u> | 13c. Retention Schedule, And Item No. |
|---------------------------------|---|--|
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(CONTINUED)

FROM (Agency Name)

**PAGE OF
PAGES**

DATE

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