USC Archives and Records Management
Records Transmittal and Receipt

SAMPLE

DEPT. NAME:	Any department
DEPT. ADDRESS:	100 Campus Place
CONTACT PERSON/TITLE/TELEPHONE:	Jane Doe, Office Manager, 555-0000
CONTACT SIGNATURE/DATE:	
RECEIVED BY:	

(Shaded areas will be completed by Archives personnel.)

Box #	Box Content and Inclusive Dates	*Retention Schedule*	*Disposition*
1	Financial Records July 1989 - June 1992	USC-AA&AD-7	Destroy
2-5	Grant Files (Approved) July 2000 - June 2001	USC-09806	Storage