

1. Office or Department \_\_\_\_\_  
 Building and Room \_\_\_\_\_  
 Telephone No. \_\_\_\_\_
2. Date of Disposal \_\_\_\_\_ 3. Method of Disposal \_\_\_\_\_

4. Item Number as on Schedule (contact Archives if item does not appear on Schedule)	5. Title of Records, exactly as listed on the Retention and Disposal Schedule	6. Inclusive Dates	7. Volume* (Cubic feet)

\* 1 cubic foot = 1/2 of 1 file cabinet drawer

TOTAL  
DISPOSED

8. Budget Unit Head \_\_\_\_\_ Date: \_\_\_\_\_

9. Archives \_\_\_\_\_ Date: \_\_\_\_\_

SEND SIGNED FORM TO ARCHIVES