RECORD TRANSMITTAL AND RECEIPT FORM
SSARC 103 (R 11/2010)

RECORDS CENTER

NOTE: Send Original to Record Center.
One Receipted Copy Will Be Returned.

1. Name and Address of Agency Agency Name Agency Address Agency City, State and Zip Code	SECRETARY OF STATE DIVISION OF ARCHIVES RECORDS MANAGEMENT & HISTORY P.O. BOX 94125, Capitol Station Baton Rouge, Louisiana 70804-9125
2. Records Officer and Title Jane Doe, Records Management Officer	3. Date 11/23/2010 4. Transfer to:
Phone No. 225-111-1111 X123	X Records Center ☐ Other:

7. RECORDS CENTER BOX NO. (Records Center Use Only)	8. AGENCY BOX NO.	9. DATE OF RECORDS TO BE TRANSFERRED					RECORDS SERIES TITLE
		Month	Year	thru	Month	Year	
	V1	07	2008		06	2010	Vendor Files A-D
	V2	07	2008		06	2010	Vendor Files E-K
	V3	07	2008		06	2010	Vendor Files L-P
	V4	07	2008		06	2010	Vendor Files Q-T
	V5	07	2008		06	2010	Vendor Files U-Z
	V6	07	2008		06	2010	1099's (Contains Confidential Information)

Total Boxes on this page		**SECTION BELOW FOR RECORD CENTER USE ONLY**			
LOCATION					
SECTION	SHELF	Date Received	Date Shelved	Transferred to Records Center	Date
Page 1	Total Pages 1	Verified By:		Records Inspected By:	