1. Name and Address of Agency

Agency Name
Agency Address
Agency City, State and Zip Code

2. Records Officer and Title

Jane Doe, Records Management Officer

3. Date

11/23/2010

4. Transfer to:

Records Center

5. No. of Boxes Transferred

12

6. Disposal Date

7/2015

7. RECORDS CENTER BOX NO.

(Records Center Use Only)

8. AGENCY BOX NO.

9. DATE OF RECORDS TO BE TRANSFERRED

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
<tr>
<td>V2</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
<tr>
<td>V3</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
<tr>
<td>V4</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
<tr>
<td>V5</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
<tr>
<td>V6</td>
<td>07</td>
<td>06</td>
<td>2010</td>
</tr>
</tbody>
</table>

RECORDS SERIES TITLE

Vendor Files A-D
Vendor Files E-K
Vendor Files L-P
Vendor Files Q-T
Vendor Files U-Z
1099's (Contains Confidential Information)

Total Boxes on this page

SECTION BELOW FOR RECORD CENTER USE ONLY

LOCATION

<table>
<thead>
<tr>
<th>SECTION</th>
<th>SHELF</th>
<th>Date Received</th>
<th>Date Shelved</th>
<th>Transferred to Records Center</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page</td>
<td>Total Pages</td>
<td>Verified By:</td>
<td>Records Inspected By:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>