



RECORDS TRANSFER SLIP

Requested By:	Department		Division/Section	Reference No.
	Contact		Phone No.	DIIMS Transfer ID
	Alternate Contact		Phone No.	Date (m/d/yy)
Approved By Dept. Records Coordinator:	Name		Phone No.	# of Boxes
Location of Boxes:	Building		Floor	Area
	Box Type <input type="checkbox"/> Records Box <input type="checkbox"/> Cheque Box <input type="checkbox"/> Map/Plan Tube	Records Center <input type="checkbox"/> Yellowknife <input type="checkbox"/> Inuvik <input type="checkbox"/> Hay River <input type="checkbox"/> Fort Simpson <input type="checkbox"/> Fort Smith	Reason for Transfer <input type="checkbox"/> Storage (Semi-Active) <input type="checkbox"/> Transitory Destruction <input type="checkbox"/> Destruction (D) <input type="checkbox"/> Returned Boxes <input type="checkbox"/> Archival Selection (AS/D) <input type="checkbox"/> Other:	
Notes and Instructions:				
RECORDS MANAGEMENT USE ONLY:				
	Authorization	Date	Disposition No.	