



### RECORDS TRANSFER SLIP

<b>Requested By:</b>	Department	Division/Section	Reference No.
	Contact	Phone No.	DIIMS Transfer ID
	Alternate Contact	Phone No.	Date (m/d/yy)
<b>Approved By Dept. Records Coordinator:</b>	Name	Phone No.	# of Boxes
<b>Location of Boxes:</b>	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"/> Destruction (D) <input type="checkbox"/> Archival Selection (AS/D) <input type="checkbox"/> Returned Boxes <input type="checkbox"/> Other:
<b>Notes and Instructions:</b>			
<b>RECORDS MANAGEMENT USE ONLY:</b>			
	Authorization	Date	Disposition No.