

# IMAGING

DEPARTMENT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

TRANSFERRED BY: \_\_\_\_\_

BOX BEGINNING: \_\_\_\_\_

BOX ENDING: \_\_\_\_\_

**\*BEGINNING DATE:** \_\_\_\_\_

**\*ENDING DATE:** \_\_\_\_\_

(\*MUST INCLUDE DATES\*)

**\*APPLICATION #:** \_\_\_\_\_

**\*ITEM #:** \_\_\_\_\_

(\*SEE RETENTION SCHEDULE FOR THESE NUMBERS\*)

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## FOR MICROGRAPHICS USE ONLY

JOB#: \_\_\_\_\_

SCANNER#: \_\_\_\_\_

BOX #: \_\_\_\_\_

SCANNER OPERATOR: \_\_\_\_\_

DATE SCANNED: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

DATE CHECKED: \_\_\_\_\_