

RECORDS TRANSMITTAL AND RECEIPT

DEPARTMENT OF GENERAL SERVICES-- STATE RECORDS CENTER

PO BOX 275 JESSUP MD 20794

TELEPHONE: (410) 799-1379

DIRECTIONS: Please Type or Clearly Print All Entries

DHMH BATCH NUMBER :

1 A. Agency: DEPT OF HEALTH & MENTAL HYGIENE Budget Code: 32. PCA Code:	Accession Number: _____	Date: _____ R M CODE: _____
B. Administration Division/Unit Room	Location: Range Section	No of Cubic Feet _____
C. Mailing Address _____ _____	Records Center Manager: _____	
D. Unit Contact: Phone :	This Box is For Use By The State Records Center Only	
E. Agency Official Print Name & Title	_____	

2. Box Numbers	3. Description of Records (From Record Schedule) & Dates (Attach Packing List (Box Contents) to Facilitate Retrieval)	4. Disposal Authority: Schedule # /Item # & Disposal Date
PLEASE DO NOT ALTER THIS FORM	USE PLAIN UNLINED PAPER FOR CONTINUATION PAGES	Use Either Jan 1 or July 1 Disposal Dates ALL RECORDS LISTED ON THIS FORM MUST HAVE THE SAME DISPOSAL DATE