RMS MICROFILM TRANSFER REQUEST

1. Agency No.	2. Schedule No.	3. Records Series No.	4. Records Series Title	5. Date Completed

6. Department	7. Division	8. Bureau

9. Person to Contact	10. Title	11. Telephone Number

12. Street Address	13. City	14. Zip	DISPOSITION CODES
			D-Destroy P-Permanent A-Archive

17. Agency Reel Number	18. Description of Reel Contents (Year, Range)	15.Disposition Date	15.Disposition Code	16. Microfilm Vault Location Number

19. Received By	20. Title	21. Date Received	22. Remarks: