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		16. Microfilm Vault Location Number
		Date	Code	

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