

RECORDS MANAGEMENT INVENTORY FORM

University Division					
College/Department	College/Department				
Record Owner					
Bldg./Room		Telephone	#		
Record Series Title					
	5				
Active	Bldg.	Room	Volume (linear ft.)		
Inactive	Bldg.	Room	Volume (linear ft.)		
Record Format(s) (X al	I that apply)				
Paper Microform _	Audio/Visual _	_ Photographs _	Computer files Other (explain)		
Primary Arrangement (X one answer only	<i>y</i>)			
Numeric Chronolog	gical Alphabe	tical Geograph	ical Subject		
Inclusive dates	_ to (lea	ve blank if ongoing	File cutoff (fiscal or calendar)		
Record Series Descript	tion:				

better understand what materials are in your possession, please respond to the following questions:
What information do you keep in this series? ie: reports, personnel data, accounting data, project documentation
What types of documents does it include? ie: original record copies, signed originals, informational copies used strictly for reference, finding aids/indices
How do you use this series? ie: for job/task functions, administrative, operations, procedures
Why do you keep this series? ie: for reference, verification, auditing, project/work in progress, historical

(10/2001)