

RECORDS TRANSMITTAL AND RECEIPT FORM		STATE RECORDS & ARCHIVES CENTER USE ONLY							
		ACCESSION NO.		DATE RECORDS RECEIVED					
		ANNEX	RECORDS CENTER	ANNEX	RECORDS CENTER				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OFFICE CODE</td> <td style="width: 50%;">SCHEDULE NO.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		OFFICE CODE	SCHEDULE NO.			SIGNATURE (CENTER OFFICIAL)			
OFFICE CODE	SCHEDULE NO.								
		TITLE							
FROM (NAME AND ADDRESS OF AGENCY TRANSFERRING RECORDS)			TO:						
			Secretary of State's Office ATTN: State Records & Archives Center P.O. Box 778 Jefferson City, Missouri 65102						
1. CUSTODIAN OF AGENCY RECORDS NAME (PRINT OR TYPE)		2. TELEPHONE NO.		3. CU. FT. OF RECORDS TRANSFERRED					
4. AGENCY OFFICIAL (SIGNATURE)		5. TITLE		6. DATE					
7. BOX NUMBER		8. DESCRIPTION OF RECORDS SHOW RECORDS TITLE AS SHOWN ON SCHEDULE, RANGE OF RECORDS BY YR., FORM NO. IF APPLICABLE, AND DESTRUCTION DATE, MO. AND YR.		9. DISPOSAL AUTHORITY ITEM NO. FROM SCHEDULE					
CENTER USE ONLY <input type="checkbox"/> ANNEX <input type="checkbox"/> ARCHIVES <input type="checkbox"/> RECORDS CENTER						AGENCY BOX NUMBER			

RECORDS TRANSMITTAL AND RECEIPT FORM (Continuation Sheet)		OFFICE CODE	SCHEDULE NO.	DATE
BOX NUMBER	AGENCY BOX NUMBER	DESCRIPTION OF RECORDS		DISPOSAL AUTHORITY ITEM NO. FROM SCHEDULE
CENTER USE ONLY		SHOW RECORDS TITLE AS SHOWN ON SCHEDULE, RANGE OF RECORDS BY YR., FORM NO. IF APPLICABLE, AND DESTRUCTION DATE, MO. AND YR.		
<input type="checkbox"/> ANNEX <input type="checkbox"/> ARCHIVES <input type="checkbox"/> RECORDS CENTER				
SECRETARY OF STATE				