



## SC Department of Archives & History Records Transmittal Form and Receipt

<p style="text-align: center;"><b><u>Instructions:</u></b></p> <p>1) Please complete Parts I and III of this form. Part II will be completed by SCDAH staff.          2) Send completed form to State Records Center (SRC) for approval.          3) Once approved, work with SRC to arrange the transfer of records.          4) Please print out the correct amount of labels based on the number of records being transferred; SRC will supply the labels during the transfer process.          5) Please keep one copy of this form for your records; please ensure a copy of this form accompanies the transfer of boxes.</p>	<p style="text-align: center;"><b><u>Transmit Records To:</u></b></p> <p style="text-align: center;">South Carolina Department of Archives &amp; History          State Records Center          1942-A Laurel Street          Columbia, SC 292201          E-mail: <a href="mailto:SRC@scdah.sc.gov">SRC@scdah.sc.gov</a></p>
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### Part I: Agency Information

Agency Name:	Record Group Number:
Division:	Date Prepared:
Agency Address:	Media Type: <input type="checkbox"/> Paper <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Records Officer (RO): Name & Telephone Number:	Records Restricted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Transfer Contact Person (different from RO): Name & Telephone Number	Number of Boxes:
Retention Schedule Title(s):	Inclusive Dates:
	Retention Schedule Number(s):

### Part II: For Archives Use Only

Date Records Received:	Disposition Date:	Accession Number:
Cubic Feet:	Signature of Archives Representative:	

### Part III: Box Information

SRC Box #:	Agency Box #	Box Contents (List beginning and ending files for each box):
	1 of	to
	2 of	to
	3 of	to
	4 of	to
	5 of	to
	6 of	to
	7 of	to
	8 of	to
	9 of	to
	10 of	to
	11 of	to
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	13 of	to
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	80 of	to
	81 of	to
	82 of	to
	83 of	to
	84 of	to

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  1 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  3 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  2 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  4 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  5 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  7 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  6 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  8 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  9 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  11 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  10 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  12 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  13 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  15 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  14 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  16 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  17 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  19 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  18 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  20 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	



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STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  21 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  22 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  23 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  24 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  25 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  26 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  27 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  28 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  29 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  30 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  31 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  32 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  33 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  34 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  35 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  36 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  37 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  39 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  38 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  40 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  41 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  43 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  42 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  44 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  45 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  46 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  47 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  48 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  49 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  50 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  51 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  52 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	



**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  53 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  54 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  55 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  56 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  57 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  58 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  59 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  60 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  61 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  62 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  63 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  64 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  65 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  66 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  67 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  68 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  69 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  70 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  71 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  72 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  73 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  74 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  75 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  76 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  77 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  78 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  79 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  80 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  81 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  82 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  83 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

**SC Department of Archives & History**

STATE RECORDS CENTER

**CONTAINER LABEL**

Shipper must complete each box	
1. Box No.:  84 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	