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| **SOUTH DAKOTA**  **RECORDS TRANSMITTAL AND RECEIPT FORM**  **BOA State Records Management Program**  **(Revised 06/2019)** | | | | | | | **State Records Management Center**  **104 South Garfield Avenue; Building E**  **Pierre, SD 57501**  **Telephone: (605) 773-3589**  **Fax: (605) 773-5955** | | | **OBTAINING REFERENCE SERVICE:** You may obtain reference services to your records by telephoning RM, by accessing RM's RM02 mainframe application, by E-Mailing request information to the global address BOA-RECMGT RETRIEVALS, by FAX or by written request. | | | | | |
| **INSTRUCTIONS: Use this form to transfer records to the State Records Center for storage.** Obtain a copy of your Agency’s Records Retention and Destruction Manual by using the following link: <https://boa.sd.gov/central-services/records-management-stateretentionmanuals.aspx> Complete information and e-mail this form as a Microsoft Word attachment using the standard agency abbreviation and transmittal date as e-mail subject line, and send to the **global email address BOA-RECMGT FRONT DESK**. | | | | | | | | | | | | | | | |
| **To ensure your boxes are picked up on Wednesday, this form must be received by Records Management before 3:30 p.m. on Tuesday.** ***Records Management will arrange to have the boxes listed on this form picked up by Buildings and Grounds.*** Shaded areas on this form will be completed by Records Management. A completed copy will be e-mailed to the individual completing the form as your receipt. Please use this receipt when calling for reference service to the stored records.  **\*\*PLEASE REMEMBER: BOXES MUST NOT EXCEED 40 POUNDS GROSS WEIGHT\*\*** | | | | | | | | | | | | | | | |
| **Department/Division/ Office/Program:** | | | | | | | | | | | | | | **Rec Management Customer #:** | |
| **Building Name or Mailing Address:** | | | | | | | | | | | | | | | |
| **Transmittal Date:** | | | | | **Your Name:** | | | | | | | **Telephone Number:** | | | |
| **ARMS BOX #**  **(6 Digits)** | **RECORDS CENTER LOCATION COMPLETED BY RECORDS MANAGEMENT** | | | **ONLY USE RECORD SERIES NUMBER AND NAME AS LISTED IN THE RECORDS RETENTION AND DESTRUCTION SCHEDULE**  **(40 CHARACTERS)** | | | | **R.D.B.**  **Authority Number:**  **(6 Digits)** | **CONTENTS**  **(LIMIT 10 CHARACTERS)** | | | | | | **DISPOSAL DATE: 01/YYYY**  **OR**  **07/YYYY** |
| **ALPHABETIC OR NUMERIC** | | **INCLUSIVE DATES** | | | |
| **ROW** | **SHELF** | **BIN** | **FROM**  **(i.e. Anderson)** | **TO**  **(i.e. Smith)** | **FROM**  **(i.e. FY2013)** | | **TO**  **(i.e. FY2014)** | |
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|  | | | | **RECORDS MANAGEMENT USE ONLY:** | | | | | | | | | | | |
| **Entered by/Date:** | | **Number of Boxes Received:** | | **Records Center Operator:** | | | | | **Date Stored:** | | |
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