



BCIT Archives

Box Inventory List

FOR ARCHIVES USE ONLY
Accession No.
Date Received

This section to be completed by department

NOTE: All records in a box must have the same final disposition date and code (i.e. **Permanent**, or **Archival Retention**)

Executive Unit	Department	
Date Prepared	BCIT Box Number	Disposition Date
Contact Name	Phone Number	Disposition Code (circle one) P AR

File Classification #	Retention Code *i.e: CY+2Y; 1Y	Title of File / Description (attach a list if available)	Inclusive File Dates

Additional Information

Authorization to Transfer	
I understand that the final disposition of all materials is left to the discretion of the archivist.	
Dept./School Manager (name and signature required)	Date
Records Manager (name and signature)	Date