Accn #_____

TRANSFER INVENTORY/ACCESSION RECORD

(ONE PER PROJECT)

Submitting archeologist/agency_____

Project #/Name/Date_____

PI_____ **Agency/permit #/expiration**_____

Sponsor_____ **Counties/sites**_____

RECORDS SUBMITTED FOR CURATION:

TARL Curation Forms (required):

___ Transfer/Ownership documents:
Sponsor___ Govt agency___ Deed of Gift___

___ Summary of Number Series *(one per site if applicable)*

___ Collection Inventory Worksheet *(one per site if applicable)*

___ Collection Processing Record *(one per project if applicable)*

___ Agreement for State of Texas Held-in-Trust Collections *(one per project if applicable)*

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___ Site Data Assessment/Update/Revisit form(s)

___ TexSite data/disks

___ Daily journal

___ Specimen inventory

___ Copy of final report

___ Explanation of cataloging system used

___ Field and/or laboratory inventory

___ Survey/excavation notes: Analysis ___
Special studies ___ Other _____

___ Prints (circle type - regular/digital)

___ Negatives

___ CD for digitals/program used _____

___ Slides

___ Photographic logs: Prints ___ Slides ___ Other ___

___ General project records (copies of correspondence, antiquities permit, financial & budget records, etc.)

___ Maps (transit, plane table, floor plans, sketches)

___ Mapping notes

___ Computer data (CD/disk/program used?) _____

___ Oral/historical documentation: copies of historic documents, transcripts, tapes

___ Bibliographic records

___ Drafted plates & illustrations

___ Manuscript draft

Other (please list):_____

Report reference:_____

_____

COLLECTIONS SUBMITTED FOR CURATION:

___ Ceramics	___ Glass	___ Faunal material	___ Soil samples	___ Thermoluminescence samples
___ Lithics	___ Synthetics	___ Vegetal material	___ Matrix samples	___ Archeomagnetic samples
___ Metal	___ Coprolites	___ Human osteo	___ ^{14}C samples	___ Other_____

TARL STAFF USE:

Received by_____ Date_____ Ownership_____ Accn #_____

Dates: Records review:_____Received in coll.:_____Collections review:_____

Terms: Curation fee_____ Donation/Pro Bono_____

Records space:_____$_____ Rec. Locations:_____

Collection. space: GC_____$_____ LO_____$_____

VC_____$_____ HO_____$_____

Coll. locations: GC_____ LO _____ VC_____ HO_____

Additional Charges/Comments_____

TOTAL $_____ Billed_____ Paid_____