

INVENTORY FORM – PAPER RECORDS

Ministry/Agency:					
Branch/Division:					
Contact Name (if other tl	nan Designated R	Records Officer):			
Tel:	email:				
Location of Records:	·		Т	Transfer/Transit # (if applicable):	
Historical Context					
Originating Ministry/Agency and Division/Branch (i.e. where it was originally created):					
Purpose of the Record (include any background informathat may help identify the records series/function including position of records creator, office, programetc.)	s title				

NOTE: A GOVERNMENT INSTITUTION MAY USE THEIR OWN INVENTORY FORMS, PROVIDING ALL PERTINENT INFORMATION IS INCLUDED AND FORMS ARE ATTACHED TO THE APPROPRIATE PROVINCIAL ARCHIVES REQUEST OR NOTIFICATION FORM.

Box ID	File Title/ Description	Inclusive Dates	Schedule Name/ Number	Schedule Item # (primary and secondary # or records series #)	Date Eligible for	Archives use only
					Disposal	

For more information please contact the Information Management Unit (IMU) at 787-0734, or $\underline{\text{recordhelp@archives.gov.sk.ca}}\text{, or }\underline{\text{www.saskarchives.com}}\text{.}$

Box	File Title/ Description	Inclusive	Schedule	Schedule Item #	Date	Archives
ID	The Tiue/ Description	Dates	Name/	(primary and secondary # or records series #)	Eligible	use only
			Number	or records series #)	for	
					Disposal	

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