ARCHIVES RECEIVING FORM

Depositor Name: **Receiving Number:**

Depositor Type:

☐ Government Agencies
☐ Private/Non-Government

Quantity	**Physical Type**
Items:	Files ☐
	Electronic ☐
Boxes:	Others, Please specify:

Physical Condition
(note any problems)

Date Range
(date the records/archives created)

Further Information
(note any special conditions of transfer applying to records from external sources)

Transferred by: **(to be filled by transferring organization)**	**Received by:** **(to be filled by Pustaka)**
Name: Position: Date: Signature: Department Stamp:	Name: Position: Date: Signature: Department Stamp: