COLLECTIONS TRANSMITTAL FORM

UNIVERSITY OF OREGON
MUSEUM OF NATURAL AND CULTURAL HISTORY/
OREGON STATE MUSEUM OF ANTHROPOLOGY

Accession No. ______

Site Information

Site Name(s)/Numbers(s) ______________________________________________________

Legal Description _____________________________________________________________

Land Ownership ______________________________________________________________

Archaeological Permit No. ___________________________

Objects (check if present)

Formed/Used Implements:
- Flaked Stone _____ Bone/Shell _____ Historic _____
- Ground Stone _____ Basketry/Wood _____ Other (specify) _____

Aggregate Samples:
- Debitage _____ Charcoal _____ Soil _____
- Bone/Antler _____ Shell _____ Historic _____
- Other (specify) ________________

Specialized analytical samples (specify, eg. XRF, obsidian hydration): ______________

Records

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<th>Paper:</th>
<th>Electronic (CD/DVD):</th>
<th>Photographic:</th>
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<tr>
<td>Report _____</td>
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<td>Color Prints</td>
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<td>Artifact Catalog _____</td>
<td>Artifact Catalog _____</td>
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<td>Photo Log _____</td>
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<td>Fieldnotes/Forms _____</td>
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<td>Other (specify) ________</td>
<td>Other (specify) _____</td>
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Publication (Author, Title, Date)______________________________________________

____________________________________________________________________________

Billing Instructions __________________________________________________________

Submitted by (Name/Affil./Address/Phone) _______________________________________

____________________________________________________________________________

Received By: _________________________ Date ______________________

OSMA Use Only: Curation Charge/Comments _______________________________________