Certificate of Destruction/Transfer	**Report of Records Disposition** **For Central Missouri Chapter of ARMA International**		
Date			
Name of Person Preparing Form		Phone / E-mail	
Address	City	State	Zip

Records Disposed Of			
Record Series	**Dates Covered**		**Estimated Volume** (Cubic Feet)
	From	**Thru**	
☐ Destroyed ☐ Transferred to Archives ☐ Other			

Board Member Name:	*Signature:*	*Date:*
Board Member Name:	*Signature:*	*Date:*