

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. <b>M-105</b>
<b>OFFICE OF FINANCE</b>		Division: <b>ACCOUNTING</b>
Item No.	Description	Retention
1.	<b>General Correspondence</b>  Original incoming letters, copies of outgoing letters, memoranda, studies, reports, directives, policies, and other materials related to the administration of the agency.	Screen annually and destroy material that is no longer needed for current business. Retain permanently any material that serves to document the origin, development, and accomplishments of the office. Transfer periodically to the Maryland State Archives.
2.	Books of Final Entry - General Ledgers.	Permanent. Transfer periodically to the Maryland State Archives.
3.	Audit Reports.	Permanent. Transfer periodically to the Maryland State Archives.
4.	Journal Vouchers.	Retain for three years, then destroy.
5.	Daily Cash Receipts - Reports.	Retain for three years or until audited, then destroy.
6.	Paid Tax Bill Receipts.	Retain for three years or until audited, then destroy.
7.	License and Permit Receipts.	Retain for three years or until audited, then destroy.

*M. William Kulick, CPA*  
Department Director

*2/29/00*  
Date

*P. Bumble*  
City Clerk

*3/10/00*  
Date

*Edward C. Spangenberg*  
Schedule Approved by State Archivist

APR 27 2000  
Date

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. M-105
	<b>OFFICE OF FINANCE</b>	Division: <b>ACCOUNTING</b>
Item No.	Description	Retention
8.	Paid Bonds and Coupons.	Retain for three years or until audited, then destroy.
9.	Paid Bills and Invoices.	Retain for three years or until audited, then destroy.
10.	Check Registers.	Retain for three years or until audited, then destroy.
11.	Payroll Registers.	Retain for five years or until audited, then destroy.
12.	Bank Books, Statements, and Deposit Receipts.	Retain for three years or until audited, then destroy.
13.	Copies of W-2's.	Retain for five years or until audited, then destroy.
14.	Canceled Checks.	Retain for three years or until audited, then destroy.
15.	Time Sheets.	Retain for three years or until audited, then destroy.
16.	Utility Billing Records, (Water, Sewer and Refuse).	Retain for three years or until audited, then destroy.
17.	<b>Traffic Violation Control Sheets</b>  Collection of computer printout sheets for each day of the month/year on tickets paid, tickets adjusted, tickets written and tickets going to court.	Retain for three years or until audited, then destroy.

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Item No.	Description	Retention
18.	<b>Parking Tickets</b>  Handwritten tickets that are filed for court reference or for complaint purposes.	Retain for three years or until audited, then destroy.
19.	<b>Residential Parking Permits</b>  Application forms with information on permit numbers for reference and for complaint purposes.	Retain for one year, then destroy.

<b>Instructions - Prepare a separate form for each new or revised record series.</b>		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>1</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b>  <u>1996</u> to	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b>  Books of Final Entry - General Ledgers					
<b>7. Record Series Format(s)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>18x24</u>		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>15</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used? (If yes explain briefly and describe any hardware/software.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  PERMANENT		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>2</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> _____ to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Audit Reports					
<b>7. Record Series Format(s)</b> <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b> _____ <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> _____ <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>.05</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor. Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  PERMANENT		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>3</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Journal Vouchers					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>11 x 17</u>		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b> Number <input checked="" type="checkbox"/> File Drawer(s) <u>10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> Number <input checked="" type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>4</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Daily Cash Receipts - Reports					
<b>7. Record Series Format(s)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>50</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawers(s) <u>10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
				PAGE <u>5</u> OF <u>16</u>	
1. Department  FINANCE		2. Division  ACCOUNTING		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title  Accounting Records				5. Earliest Year/Latest Year <u>1992</u> to <u>1996</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Paid Tax Bill Receipts					
7. Record Series Format(s)  <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>2" x 3"</u>		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1/2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  5 YEARS		
19. Name and Title of Preparer    TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
20. Telephone Number    410-263-7952				21. Date    09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program	<b>RECORDS INVENTORY</b> PAGE <u>6</u> OF <u>16</u>
<b>1. Department</b>  FINANCE	<b>2. Division</b>  ACCOUNTING	<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.			
<b>4. Record Series Title</b>  Accounting Records		<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  License & Permit Receipts			
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>5" x 7"</u>		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	
		<b>9. Volume</b> Number <input checked="" type="checkbox"/> File Drawer(s) <u>w/ Cash Receipts</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b> Number <input checked="" type="checkbox"/> File Drawers(s) <u>N/A</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<b>12. File Becomes Inactive After</b> <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number	
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA		<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)		<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>18. Recommended Retention</b>  5 YEARS	
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING			
<b>20. Telephone Number</b> 410-263-7952			<b>21. Date</b> 09/11/96

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>7</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Paid Bonds & Coupons					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>N/A</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____			
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY PAGE <u>8</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Paid Bills & Invoices					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>40</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>8</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____			
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor. Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	



<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>10</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Payroll Registers					
<b>7. Record Series Format(s)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		<b>9. Volume</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>5</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>11</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1992</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Bank Books, Statements, & Deposit Receipts					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b> Number <input checked="" type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b> Number <input checked="" type="checkbox"/> File Drawers(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____			
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  5 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	



<b>Instructions - Prepare a separate form for each new or revised record series.</b>		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>13</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1994</u> to <u>1996</u>	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b>  Cancelled Checks					
<b>7. Record Series Format(s)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>3 1/2" x 8 1/2"</u>		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b>  Number <input checked="" type="checkbox"/> File Drawer(s) <u>9</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  Number <input checked="" type="checkbox"/> File Drawer(s) <u>3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used? (If yes explain briefly and describe any hardware/software.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  3 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>14</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1994</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Time Sheets					
<b>7. Record Series Format(s)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <u>3 1/2" x 8 1/2"</u>		<b>8. Record Series Sequence</b>  <input checked="" type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  3 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>15</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b> Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1994</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Purchase Order Copies					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b> _____ <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b> _____ <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____			
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>3</u> _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  3 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	

<b>Instructions - Prepare a separate form for each new or revised record series.</b>		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>16</u> OF <u>16</u>	
<b>1. Department</b>  FINANCE		<b>2. Division</b>  ACCOUNTING		<b>3. Unit</b>	
<b>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
<b>4. Record Series Title</b>  Accounting Records				<b>5. Earliest Year/Latest Year</b> <u>1994</u> to <u>1996</u>	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b>  Utility Billing Records (Water, Sewer, Refuse)					
<b>7. Record Series Format(s)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		<b>9. Volume</b>  <div style="text-align: right;"><b>Number</b></div> <input checked="" type="checkbox"/> File Drawer(s) <u>18</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
		<b>10. Annual Accumulation</b>  <div style="text-align: right;"><b>Number</b></div> <input checked="" type="checkbox"/> File Drawer(s) <u>6</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____			
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b>  <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> CURRENT - FINANCE DEPT, ROOM 101 PRIOR - BASEMENT STORAGE AREA			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
<b>17. Is an index system used? (If yes explain briefly and describe any hardware/software.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  3 YEARS		
<b>19. Name and Title of Preparer</b> TIMOTHY ELLIOTT    ASSISTANT DIRECTOR FOR ACCOUNTING					
<b>20. Telephone Number</b> 410-263-7952				<b>21. Date</b> 09/11/96	