Department of Heath and Mental Hygiene FISCAL SERVICES/OPERATIONS

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Admin. & Finance

Reporting Agency

FISCAL SERVICES

No.

1-2

12

LOT #1533

Sched. No.

396

PREPARE IN DUPLICATE

5-83

2

Mathod of

Disposol

Recycled

Division or Bureou

 Authorization
 Inclusive
 Volume
 Date of
 Metain one copy and forward original to above address

 Description of Records
 Authorization
 Inclusive
 Dates of Records
 Volume
 Date of
 Metain

 Include Title and/or Form Number
 Retention
 Item
 Disposed of
 (Cubic Feet)
 Disposol
 Disposol

1962-64

No.

I hereby certify that the above listed records were disposed af as indicated.

Signature

Title

PS - 789 DGS - RM - 2

	RECORDS	TRANSMITTAL	Complete at S	tate Records Center
······································			Accession No.	Date Received
	AND	RECEIPT	1533	
. From:	(Name, Divis	ion, Address or Agency)	Signature	
Dept.	Health & Me	ental Hygiene		
	l Services	••••••••••••••••••••••••••••••••••••••	Title	
. Building	y and Room	3. Phone	4. To: State Records	l Center
. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
			2	
.Records Location	8. Box	9. Description	n of Records	10. Disposal Authority
(Center)	Numbers	With Inclus	sive Dates	(Schedule and Item No
				Sch. #396
R-26	1-2	Admin. & Finance 1962	-1964	1974
S-14				
•				
•				
	· ·			
			:	
	<u> </u>	(Use Plain Unlined Paper		

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations Lot #1601

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

N o.	Description of Records	Authorization For Disposal Retention Item Sched. No. No.		Inclusive Dotes of Records	Volume	Date of	Method of Disposol
	Include Title ond/or Form Number			Disposed of	(Cubic Feet)	Disposal	
1-3	General Correspondence	843-6	1	1963-1968	3	6-83	Recycled
•							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

3

Date

RECORDS TRANSMITTAL SHEET	To be completed by Record Center: Date: 10/17/69
Prepare in triplicate after records have been received and labeled. Two copies will be re- turned to the Agency, one copy to be retained by Agency as its receipt, and the other to be signed and returned to the Record Center.	Lot No.: 1601 Range: B Section(s) B
1. Agency: Dept. of State Planning	Snelles 13 Received by: J. Hirsch
2. Division: <u>General Administration</u>	Remarks: D. D.
3. Record Title: Correspondence *	YES 532
4. Inclusive Dates: 1963-1968	1-1 0
 5. Schedule No. 6. Item No. 7. Scheduled Disposal Date: 8. 8. Numerical listing by box number, show- ing major file breaks, inclusive dates (each box). 	Actual Disposal Date:
3 record center boxes	
* Boxes 1-2 Interstate Committee on the Susquehanna Correspondence 1963 - 1968	River Basin & General
) 3 Higher Education Facilities Act of 1963 1964-1967	
By # 1 missing -	
10. Quantity and type of filing equipment a. File drawers, letter-size c. Transfil b. File drawers, legal-size d. Other (s	es
11. Signature of Agency representative:	

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations		Lot #1623		·		PREPARE IN DUPLICATE
· · · · · · · · · · · · · · · · · · ·	Division or Bureou		'. . · ·		· ·	Retain one copy and forward original to obove address

No.	Description of Records	Authorization For Disposol		Inclusive Dates of Records		David	
	Description of Records Include Title ond/or Form Number Sched. No. No.		Dates of Records Disposed of	Volume (Cubic Feet)	Dore of Disposol	Mathod of Disposal	
1–5	Invoices	930	1E	1966-69	5	6-83	Recycled
					· .		
		· · · ·					
ί							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

.10

PS - 789 DGS - RM - 2

	PEODDO	TRANSMITTAL	Complete at State Records Center			
		RECEIPT	Accession No. 1623	Date Received		
Hea	1th Dep Iscal	Ion, Address or Agency) Attment OperAtions	Signature Title			
2. Building	and Room	3. Phone	4. To: State Records	Center		
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.			
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	¹⁰ . Disposal Authority (Schedule and Item No.)		
R107 525-26 NO	4	INVINCES 10/67 - 13 2/69 - 4 67 - 68 0 ct - Dec JAN - MAN JULY AUG 11/66 - 1 7/66 - 10 7/66 - 10 7/66 - 10	-8302	930 IE JAN 1975		
	./	(Use Plain Unlined Paper	For Continuation Pages)			

CERTIFICATE OF RECORDS DISPOSAL

Health

Dept. Health & Mental Hygiene

Reporting Agency

Lot #2075

Division or Bureau

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

	Description of Records	Author For Di	izotion sposol	Inclusive		Dote of	
No.	Description of Records Include Title ond/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Mathod of Disposal
1-4	General Correspondence Local Health Services Dr. Daven's Files	229	1	1969	4-	1-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signoture

DEPARTMENT OF GENERAL SERVICES Records Management Division State Records Center

in the short of the state of the

Date Sept. 10, 1982

Ms. Trene D. Jasinski To: Dept. Health & Mental Hygiene 201 W. Preston St. Balto., MD 21201 Subject: Disposal Clearance

The records described below are eligible for disposal on <u>Oct. 10, 1982</u>. They will be destroyed as scheduled if no reply is received within one month from the date of this letter. If you do not concur in this action, please return this letter and justify continued retention on the reverse side. Include also a new disposal date for these records.

Accession or Lot Number	Cubic Feet	Box Numbers
2075	4	1–4

.

Disposal Authority

Section of the second

Sch. #229 Item #1

Description of Records:

Local Health Services *Dr. Daven's Files

General Correspondence 1969.

Sincerely yours,

P.5 169

Paul C. Lamberson Records Center Manager State Records Center, Waterloo Maryland. Phone 799-1379

To be completed by Record Center: Date: 3/6/73 RECORDS TRANSMITTAL SHEET Prepare in triplicate after records have been Lot No.: 2075 received and labeled. Two copies will be returned to the Agency, one copy to be retained 33 1 by Agency as its receipt, and the other to be Range: signed and returned to the Record Center. Section(s)32 Shelf 1. Agency: Dept. of Health & Mental Hygren Received by 2. Division: Health Dept Remarks: 3. Record Title: General Correspondence A 4. Inclusive Dates: 5. Schedule No. 6. Item No. 7. Schedulad Disposal Date: 8. Actual Disposal Date: 129 9. Numerical listing by box number, show-Numerical listing (continued) ing major file breaks, inclusive dates (each box). Grecord Center boxes Local Health Services * Dr. Daven's Files 3/17 10. Quantity and type of filing equipment released: a. File drawers, letter-size _____ c. Transfiles b. File drawers, legal-size d. Cther (specify) 11. Signature of Agency representative: mr. Drene O. Jasunske

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

· 1

Reporting Agency

Div. of Fiscal Operations

Aursing Home

<u>Fiscal O</u>)perations 75 Division or Bureou	W262		,	Retain and copy of original to above	and forward
No.	Description of Records Include Title ond/or Form Number	Authorizotion For Disposol Retention Item Sched. No. No.	Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal

April -June 1969

930

I hereby certify that the above listed records were disposed of as indicated.

Signature

1

6-83

Recycled

000000	*	Complete at State Records Center				
	RANSMITTAL RECEIPT	Accession No. 75W262	Date Received			
1. From: (Name, Divisi	on, Address or Agency)	Signature				
D. H. M. H. F	Tiscal Op.	Title				
2. Building and Room	3. Phone	4. <u>To</u> : State Records	Center			
5. Signature: (Agency	Official)	6. No. of Cu.Ft.				
7.Records 8. Location Box (Center) Numbers		on of Records sive Dates	10. Disposal Authority (Schedule and Item No.)			
R103 519 N N	Health Div. of Fis April - Jun Nursing Ho	scal Op. e 1969 me.	930 July 1974			

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL OPERATIONS		Lot # 2104		· · · · ·		PREPARE IN DUPLICATE
TTOURD OF MALLING	Division or Bureau		· · ·	· .	•	Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive			
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dotes of Recards Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
1–8	Cash Receipts Unit Cancelled Checks-Deposit Slips Cash Receipts-Petty Cash Ledger	930	1E	FY 69 - FY 70	8	5-83	Recycled
	Copies of Advance Recovery Cash Receipts Book						
•							
ı,							

I hereby certify that the above listed records were disposed of as indicated.

•

Signature

Date

To be completed by Record Center: RECORDS TRANSMITTAL SHEET Date: 5/4/73 Prepare in triplicate after records have been Lot No .: 2104 received and labeled. Two copies will be returned to the Agency, one copy to be retained by Agency as its receipt, and the other to be Range: 2 33 signed and returned to the Record Center. Section(s) 2-14 shelf 6 Received by: J. Hirsch 1. Agency: ____ Department of Health & Mental Hygiene 2. Division: Fiscal Operations Remarks: 3. Record Title: _____ Accounting Records . 4. Inclusive Dates: FY 1969 - FY 1970 5. Schedule No. 6. Item No. 7. Scheduled Disposal Date: 8. Actual Disposal Date: 1976 9. Numerical listing by box number, show- 1. Mumerical listing (continued) ing major file breaks, inclusive dates (each box). 1 Box Remains 3/17 & Record Center Boxes Box 1 - Cash Receipts Unit 01;02;03:04 Box 2 - Cancelled Checks - Deposit Slips Julies 1975 Box 3 - Cash Receipts - Petty Cash | Ledger Box 1 - Cash Receipts 2 - Cash Receipts 3 - Copies of Advance Recovery 4 - Cash Receipts 5 - Cash Receipts Book

10. Quantity and type of filing equipment released: a. File drawers, letter-size c. Transfiles b. File drawers, legal-size d. Other (specify)

11. Signature of Agency representative:

3/77

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES Division or Bureou 75W162

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Authorization Description of Records Dotes of Records						
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
1-24	Leave Cards Medical Certificates	930	1E	1969 1967-1972 1971-72	24	5-83	Recycled
	Shift-Overtime-Time Registers County Time Sheets			6-10-71 to 12-31- Prior to 1-19-71 thru 8-5-72	2		
•							
÷							

I hereby certify that the abave listed records were disposed of as indicated.

Signature

Date

RECO	RDS TRANSMITTAL	Complete at Sta	ate Records Center .			
Carie Ex	AND RECEIPT n	Accession No. 75W162	Date Received			
D.H.M.H. Personne 201 West Preston	ivision, Address or Agency) l Division Timekeeping Street nd. 21201	Signature Title Record Management Technician				
2. Building and Ro		4. To: State Records Center WATERLOO				
5. Signature: (Ag	ency Official)	6. No. of Cu.Ft. 24				
7.Records Location (Center) 8. Box Numb		on of Records usive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)			
R-1 26 s-10 12 NO 11 12 12 12 12 12 12 12 12 12	Timesheets-Prior to 1 Timesheets-Prior to 1 Leave Cards-REIMERE Leave Cards-1971 Medical Certificates- Timesheets-2-3-70 to Timesheets-2-3-70 to Timesheets-2-2-71 to Timesheets-4-23-71 t Timesheets-3-4-71 to Timesheets-3-4-71 to Timesheets-10-4-71 t TIMesheets-3-23-72 t Timesheets-3-23-72 t Timesheets-3-23-72 t Timesheets-9-27-72 to Timesheets-9-27-72 to Timesheets-10-25-72 Timesheets-10-25-72 Timesheets-12-6-72 to Shift-Overtime-Time County Time Sheets - County Time Sheets - County Time Sheets -	969 969 969 -1967-1972 10-13-70 to 2-2-71 0 4-27-71 0 8-3-71 10-9-71 0 1-18-72 2 to 3-28-72 0 6-6-72 8-15-72 0 9-26-72 0 9-26-72 10-24-72 to $12-5-72$ 12-19-72 Registers $6-10-71$ to $12-3$ Prior to $1-19-71$ 1-20-71 to $11-9-71$	June 1977 1930 12 1938			

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FTSCAL SERVICES 75W165 Division or Bureou Division or Bureou

No.	Description of Records		rization : isposa!	Inclusive			
	Include Title and/ar Form Number	Retention Sched. No.	item No.	Dates of Records Dispased of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposol
1–10	Exception Time Reports Payroll Registers Overtime Vouchers	930	1D	7/70 - 6/72	10	5-83	Recycled
	Bond Accounts Part-Time Sheets Transmittals						
		· · · ·					
·							

I hereby certify that the above listed recards were disposed of as indicated.

Signature

10

Date

	RECORDS	TRANSMITTAL	Complete at St	tate Records Center			
azio		RECEIPT	Accession No. 75W165	Date Received 4-16-75			
	sonnel Divis Ston Street	ion, Address or Agency) tion = Payroll	Signature Title Record Management T	echnician			
2. Building	and Room	3. Phone	4. To: State Records Center				
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft. 10				
7.Records Location (Center)	8. Box Numbers		ion of Records Lusive Dates	10. Disposal Authority (Schedule and Item No.)			
R-3 26 S-10-11 13 No	12745678910	Exception Time Report Exception Time Report Payroll Registers 74 Exception Time Report Overtime Vouchers 1962- Bond Accounts 1962- Bond Accounts 1968 - Overtime Vouchers 74 Overtime Vouchers 74	ts $7-1-70 - 6-30-71$ 1-70 - 6-30-71 ts $7-1-70 - 6-30-72$ 70 - 1973 - 1970 968 - 1972 1972	June 1977 10 1979			

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

77B27

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy ond forward original to above oddress

No.	Description of Records	Author For Di	izotion isposal	Inclusive				
		Include Title and/or Form Number	Retention Sched, No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposal
1–10	Timesheets Leave Cards Medical Certificates	930	1E	12/20/72- 1/1/74 1972 1973	10	5-83	Recycled	
-							-	

I hereby certify that the above listed records were disposed of as indicated.

Signature

/	~	To be completed by
RECORDS	TRANSMITTAL SHEET	Record Center: Date:September 10, 1976
	icate after records have been aled. Two copies will be re-	
turned to the Age	ency, one copy to be retained	1
$\wedge \wedge$ signed and return	receipt, and the other to be ned to the Record Center.	
Fiscal Open	dion	Section(s) 6
	alth & Mental Hygiene	Received by: N.C.P.
	ion Timekeeping	Remarke:
3. Record Title:		NO
4. Inclusive Dates: _ 1972 & 19	73	
5. Schedule No. 6. Item No. 7.	Scheduled Disposal Date: 8.	Actual Disposal Date: February, 1979
9. Numerical listing by box numb ing major file breaks, inclus (each box).	er, show- Numerical listin	
Box #1 Timesheets 12/20/72 - 1/30/73	C	211
Iox #2 Timesheets 1/31/73 3/13/73 Iox #3 Timesheets 3/14/73 4/24/73	1	50
Box #4 Timesheets 4/25/73 6/5/73 Box #5 Timesheets 6/6/73 7/17/73		C
Box #6 Timesheets 7/18/73 8/28/73 Box #7-Timesheets 8/29/73 to 10/9/73		2
Box #8 Timesheets 10/10/73 to 11/20/73 Box #9 Timesheets 11/21/73 to 1/1/74		
Nox 10 Leave Cards 1972 Medical Certificat	es 1973	um
	1Xr	0
	0,	679
		911
	and type of filing equipmen	
a. File drawers, let b. File drawers, leg		
11. Signature of Agency represent	tative:	

State of Maryland Department of General Services

HARRY HUGHES Governor

J. MAX MILLSTONE Secretary



DESIGN & CONSTRUCTION ARCHIVES & RECOROS MANAGEMENT PLANT MANAGEMENT PROPERTY MANAGEMENT PRINTING & PUBLICATION TELECOMMUNICATIONS PURCHASING & MATERIALS MANAGEMENT ADMINISTRATION & FINANCE

March 1, 1982

Ms. Alvina Rollins Montebello Center 2201 Argonne Drive Baltimore, Maryland 21218

Mrs. Rollins:

This letter confirms my conversation with Mrs. Mellinger, of your office, advising her that the X-rays for Mr. John C. Garrett, Patient #13810, were destroyed in Accession 76W149 in accordance with Schedule #666 for the Department of Health and Mental Hygiene.

Sincerely,

Geri Rue Brown Secretary to State Records Administrator

State Records Management Center

7275 WATERLOO ROAD (RTE. 175), P.O. BOX 275, JESSUP, MARYLAND 20794-0275 (301) 799-1930

Telelypewriter for Deal: Ballo Area 383-7555 D.C. Metro 565-0451 Statewide 1-800-492-5062

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIEN			DEPT.	HEALTH	&	MENTAL	HYGIEN	Ξ
------------------------------	--	--	-------	--------	---	--------	--------	---

Reporting Agency

.

FISCAL S	SERVICES	76B37		· · · ·	•	PREPARE IN DUPLICATE
	Division or Bureou		- 14 - 15 - 14 - 14	· · · ·		Retain one copy and farward

No.	Description of Records	Authorization For Disposal		Inclusive		Data of		
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposof	
1-6	Cash Receipts	930	1E	1972	6	5-83	Recycled	
							2 	
				· · ·				
e								

I hereby certify that the above listed records were disposed af as indicated.

Signature

•••

	RECORDE	RANSMITTAL		Complete at State	e Records Center			
1 -	P	ECEIPT		ccession No. 1337	Date Received			
1. From: (1 Dept. Fiscal	Health 1 Opera	on, Address or Ager Mental Hyp	icy) Signat	Signature Title				
2. Building	and Room	3. Phone	4. <u>To</u> :	State Records Co	enter			
5. Signature	e: (Agency	Official)	6. No.	of Cu.Ft.				
7.Records Location (Center)	8. Box Numbers	With	ription of Reco Inclusive Date	8	10. Disposal Authority (Schedule and Item No.)			
R34 519 Nr	1-6	CASH K 3965	Peccipts		930 IE Jun 1978			

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL	Reporting Agency OPERATIONS LOT #2 Division of Bureou			PREPARE IN DUPLICATE Retain one copy and forward original to above oddress			
No.	Description of Records		rization lisposal	Inclusive	****		
	Include Title ond/or Form Number	Retention Sched, No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposot	Method of Disposol
1–11	Folders of Adjustment Personnel Milezge-All Units Daily & Weekly Sheets	930	1E	FY 1972	11	5-83	Recycled
·	Expense Accounts Community Health Services Expense Accts & Ledger Yellow Vouchers						
	Tellow Vouchers						
					•		
L							

I hereby certify that the above listed records were disposed of as indicated.

. .

		RECO	RDS TRÂNSMITT	AL SHEET	Reco	be completed by ord Center: at 5/4/73
				r records have b copies will be r		No.: 2103
	1	turned to the	Agency, one	copy to be retain and the other to	ned be Rang	n: ->= 33
				Record Center.		
				Mer have a series	Sect	$\frac{1}{15}$
1. Agen	су:	Department c	f Health & M	lental ⁴ ygiene		eived by: J. Hirsch
2. Divi	sion:	Fiscal Ope	rations		Rem	arks:
3. Reco	rd Title:	· Acco	unting Recor	d's t		Ves
4. Incl	usive Date	es:F	Y 1972		_	19
9. Numer ing	99 rical list	ing by box n	Jul	y, 1976 Inmerical li:		ual Disposal Date: ontinued)
11 R	ecord Cen	ter Boxes			9.2	20
		rs of Adjust nnel Mileage	ment - All Units		1	2
1	3 - Daily	& Weekly Sh	eets			
	4 - Expen	se Accounts			Kuch	(1977.
	5 - Expen	se Accounts			8 0)
-	6 - Commu	nity Health	Service			
	7 - Commu	nity Health	Service -	Yellow Vouche	rs W-Z)
	8 - Expen	se Accounts	& Ledger	•		
1.	9 - Expen	se Accounts	Unit 04			
ST KIN	10 - Expe	nse Accounts				
-	11 - Yell	ow Vouchers	A-T			
h7		10. Quant le drawers, le drawers,	letter size	of filing equip. c. Trans d. Other		

11. Signature of Agency representative:

.

2000 - 2017

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL	OPERATIONS

Division or Bureau

77B26

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Autho For D	rizotion isposol	Inclusive Dates of Records			
	Include Title and/ar Form Number	Retention Item Sched. No. No.		Disposed of	Valume (Cubic Feet)	Date of Disposal	Method of Disposal
1-6	Exception Time Reports & Payroll Registers Transmittals, Distributions of charges, Change Sheets Overtime Vouchers & CICHA Info.	930	1D	1972-73	6	5-83	Recycled
·							

I hereby certify that the above listed records were disposed of as indicated.

. ·

Signature

Date

	RECORDS TRANSMITTAL Prepare in triplicate after received and labeled. Two oc turned to the Agency, one co by Agency as its receipt, an signed and returned to the F Juncol O puration 1. Agency: Department of Health & Mental 1974 2. Division: Personnel Division - Payroll 3. Record Title: Payroll Records 4. Inclusive Dates: 1972 - 1973	records have been pies will be re- py to be retained d the other to be ecord Center.	
	5. Schedule No. 6. Item No. 7. Scheduled I June 1979		June 1979
	9. Numerical listing by box number, show- ing major file breaks, inclusive dates (each box).	Numerical listin	g (continued)
Box #1 -	Exception Time Reports & Payroll Registers 7/1/72 - 6/30/73 32.01.03.	93	30
Box #2 -	Exception Time Reports & Payroll Registers 7/1/72 - 7/1/73 32.01.01 32.01.06.		
Box #3-=	Exception Time Report & Payroll Registers 7/1/72 - 7/2/76 - 32.01.16 32.01.20.	. 16	2 .
Box #4 -	Exception Time Reports # Payroll Registers 7/1/72 - 7/1/73 32.02.01 DJS	1 m	hig 1979
Box #5 -	197h Transmittals, 173 & 17h - Distributions of Charges, 172 & 17h Change Sheets, 170 & 181 & 172 - Overtime Vouchers	Je	0
Box 66 -	1973 - Overtine Vouchers & CICHA Info.		
	10. Quantity and type of		

a. File drawers, legal-size _____ d. Other (specify)

11. Signature of Agency representative:

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations	75851		PREPARE IN DUPLICATE
Division or Bu	ife au		Retain one copy and forward original to above address
·			

. No.	Description of Records	Authorization For Disposol		Inclusive Dates of Records	· · · · · · · · · · · · · · · · · · ·		
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
1-12	Fiscal Operations Expense Accounts	930	1E	FY 72-73	12	6-83	Recycled
						-	

I hereby certify that the above listed records were disposed of as indicated.

Signature

~•

Date

1			To Be Completed At :	State Records Center
RECORI	S TRANSMITT	AL AND RECEIPT	Accession No.	Date Records Received
Sec. 2			75851	10/18/74
Ac	gency)	sion of Transferring	Signature James F. Stymies	t
Health and	Montal Nys	giene - Fiscal Operatio	Title AS Clerk III	
2. Address of 301 W. Pre Balto., Md	ston St.		3. <u>TO:</u> STATE RECORDS C Baltimore Record	
4. Agency Off	ficial (Sign	ature)	5. Building & Room No. B-8	6. Telephone No. 3°3-2086
7. Records Location (Center)	8. Box Numbers	9, Description c With Inclusi		10. Disposal Authority (Schedule and Item No.)
ange R ection helves 2-3 Rion 530	1-12 .	Fiscal Operations Expense Accounts FY arranged numerically 12 Record Center Boxe	by unit	dispose 1978 930 12 July
3/17	bor	CM185009 2- 8479 6- 8474		1978
		8469-2	r For Continuation Sheets	

e Plain Unlined Paper For Continuation Sneets)

· S + 390

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL OPERATIONS 75B32		PREPARE IN DUPLICATE
Division or Bureou		Retain one copy and farward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive Dates of Records			
N 0.	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposol
1-4	Accounting Records Furchase Orders	930	1F	July 72'- June 73'	4	5-83	Recycled
• ;							
			· · ·		- -		
•							

I hereby certify that the above listed records were disposed of as indicated.

Signature

ş.

Date

To Be Completed At State Records Center RECORDS TRANSMITTAL AND RECEIPT Date Records Received Accession No. 9/2 75 32 FROM: (Name and Division of Transferring Signature insch Heatency's Mental Hygiene Title 2dg assistant operation FISCOL TO: STATE RECORDS CENTER 2. Address of Agency: 3. Baltimore Reords Center 30/W, Preston St, 5. Building & Room No. Roym B-4 6. Telephone No. 4. Agency Official (Signature) 383-2097 e office Blog 10. 7. Records 8. 9. Location Description of Records Disposal Authority Box With Inclusive Dates (Schedule and Item No.) (Center) Numbers 4record Center Doxes 1-4 Accounting Records Purchase orders After Aud it 7/1972-June 1973 5-5 BOXNert Purchase Orders No.2 out of schedule Regulations P. 33 No.3 Vendor File Records No. 4 Contracts Correspondence & Prepay File 3/17 1496-1499

(Use Plain Unlined Paper For Continuation Sheets)

PS- 390

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL OPERATIONS

7.

Division or Bureau

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive Dates of Records			
	Include Title ond/or Form Number	Retention Item Sched. No. No.	Disposed of	Volume (Cubic Feet)	Date of Disposat	Methad af Disposal	
1-5	Medic-Aid detail for Chronic & T.B. Hospitals	930	1E	July 72- Jan 74	5	5-83	Recycled
			- - -				
ī							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Title

1. ROM: (N A	Tame and Div: gency) d Mental Hy erations of Agency: eston St. d. 21201		To Be Completed At State Records CenterAccession No.Date Records Received75B5410/22/74Signature James F. Stymiest.10/22/74Title Clerk IIIClerk III3. To: STATE RECORDS CENTER Baltimore Records Center5. Building & Room No.6. Telephone No.				
7. Records	8.	9.	B-8	383-2086 10.			
Location (Center)	Box Numbers	Description o With Inclusi		Disposal Authority (Schedule and Item No.)			
ange 1 37 ection 1/6 helves S	1-4 //1 #2 #3 #4	4 boxes arranged chro July - Nov. 1972 Dec. 1972 - April 197 May 1973 - August 197 Sept. 1973 - Jan. 197 Fiscal Operations: Fr 1973 F.W.	Chronic & T.B. Hospitals onologically 73 #1-#4: Data Proc 73 Monthly tabulatic Medic aid recipie	ressing in for ints 1979			
3/22		2. Bo	4				
311		64.	For Continuation Sheets)	6849			

₽5· 390

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

82W116

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward original to above oddress

No.	Description of Records	Authori For Dis	sotion sposol	Inclusive			
No.	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
1-2	72,73,74,75, Health I masurance Benefits	930			2	5-83	Recycled
•							

I hereby certify that the above listed records were disposed af as indicated.

	Md 21201	Accession No. <u>82</u> W 116 Signature Title	
0'3 onnor Bldg Rm SS-6 5. Signature: (Agency	3. Phone 383-3539	4. <u>To</u> : State Records C Qes	
Alberta K &	Journey	6. No. of Cu.Ft. 2	
Location (Center) Numbers	9. J Description With Inclus	a of Records sive Dates	10. Disposal Authority (Schedule and Item No
Range Dection 13 NO	72,73,74,75 Health	Insurance Benefits	1982 1930 1981
633			
	(lise Plain Unlined Doom T		

.

CERTIFICATE 0 F RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

PREPARE IN DUPLICATE

Retain one copy and forward Division or Bureou 75B81 original to above address Authorization For Disposal Inclusive No. **Description of Records** Dates of Records Volume Date of Method of Include Title and/or Form Number Disposed of Retention (Cubic Feet) Disposot item. Disposal Sched. No. No. 1-8 Payroll 930 1D FY 1973 8 5-83 Recycled ٦,

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

To be completed by RECORDS TRANSMITTAL SHEET Record Center: /27/75-Prepare in triplicate after records have been Lot No .: 758 81 received and labeled. Two copies will be returned to the Agency, one copy to be retained by Agency as its receipt, and the other to be Range: signed and returned to the Record Center. Section(s) 2 1. Agency: Deptio tHeatth & Montal Hygien & Received by Auric 2. Division: Fiscal Operations --Remarks: 3. Record Title: _______YY2___ 19 4. Inclusive Dates: ____ FY 1973____ 5. Schedule, No. 6. Item No. 7. Scheduled Disposal Date: 8. Actual Disposal Date: 9. Numerical listing by box number, show-Numerical listing (continued) ing major file breaks, inclusive dates (each box). grecord Center Doxer Mrs Dorothy Wetterin 4TH Floor P/R *1- #27 July 10. Quantity and type of filing equipment released: 3/77 a. File drawers, letter-size c. Transfiles b. File drawers, legal-size d. Other (specify)

0

11. Signature of Agency representative:

3263-3271

CERTIFICATE OF RECORDS DISPOSAL

77W200

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

2

Reporting Agency

PREPARE IN DUPLICATE

Division or Bureou

Retain one capy and forward original to above address

N o.	Description of Records	Authorization For Disposol		Inclusive Dates of Records			
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Dispased of	Volume (Cubic Feet)	Dote of Disposot	Method of Disposol
1-37	Leave Cards Timesheets Time Registers Payroll Journals	930		Jan.1973- Dec. 1975	37	5-83	Recycled
	•						

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Dote

	Y
RECORDS TRANSMITT	Date: May 20, 1911
Prepare in triplicate after	records have been
received and labeled. Two o	popies Will De re- Lot No.: Himeo
turned to the Agency, one of	and the other to be Range: 4 ?
by Agency as its receipt, a signed and returned to the	Record Center.
Bigned and recurred to and	Record Center. Section(s) #2 2/23
Juscal O perations	
1. Agency: Dept. Hlth. & Ment. Hyg.	Received by:
2. Division: Personnel	Remarks:
3. Record Title: Timekeeping & Payroll	V95
4. Inclusive Dates: Jan. 1973Dec. 1	975
5. Schedule No. 6. Item No. 7. Scheduled	Disposal Date: 8. Actual Disposal Date:
	974
9. Numerical listing by box number, show-	Mumerical listing (continued)
ing major file breaks, inclusive dates	
(each box).	
Total 37 Boxes	
	27. Timesheets 8/13/7510/21/75
1. Leave Cards 1973-1974	28. "
2. Timesheets 1/2/741/29/74	29. " 1/8/7412/17/74
3. " 1/30/742/26/74	
4. " 2/27/743/26/74	30. Time Registers 1/1/731/2/74
5. " 3/27/744/23/74	31. " 1/7412/74
6. " 4/24/745/21/74	32. " 1/757/29/7.5
7. " 5/22/746/18/74	33. "
8. " $6/19/74 - 7/16/74$ 7/17/74 - 8/13/74	55.
9.	34. Payroll Journals 19701974
	35. " 19701974
	36. " 19701974
12. " $10/9/74 - 11/5/74$	37. " 19701974 .
13. " $11/6/74 - 12/3/74$ 14. " $12/4/74 - 12/31/74$	
	1 ODA LOGI
	930 1981
	100 1101
	Dinn. i Di
	MICSING DOXES .
	Missing BoxFs .
	1
	20-24-29
24. " All of 1973 DJS 25. " 6/4/758/12/75	
10. Quantity and type	of filing equipment released:
a. File drawers, letter-siza	C. Transfiles
b. File drawers, legal-size	d. Other (specify)
11. Signature of Agency representative:	
Q I R P A	
KohPhilo	
- / /	
5/10/77 .	

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations		
	or Bureou	

<u>78B198</u>

PREPARE IN DUPLICATE

Retain one copy and forward original to obove address

No.	Description of Records	Author For Di	rizotion isposol	Inclusive Dotes of Records			
NO.	Include Title ond/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposat	Method of Disposol
							· ·
-17 -4	Timesheets DJS Timesheets	930		1973-1976	. 25	6-83	Recycled
-2							
·**							
							• · · ·

I hereby certify that the above listed records were disposed of as indicated.

Signoture

...

Prepare in trip received and lat turned to the Ag by Agency as its signed and return 1. Agency:	th and Mental Hygiene and nile Services	d Lot No.: 78B198
5. Schedule No. 6. Item No. 7.		. Actual Disposal Date:
9. Numerical listing by box num ing major file breaks, inclu (each box).		ing (continued)
DHMH Timesheets - 17 Bxs.	DJS Timesheets	- 2 bxs.
Box 1 - 8/27/75-10/7/75 Box 2 - 10/7/75-11/4/75 Box 3 - 11/5/75-12/2/75	Box 1 - 12/13/7 Box 2 - 3/12/7	5
Box 4 - 12/ 3/75-12/30/75 Box 5 - 12/31/75- 1/27/76	DHMH & DJS Term	inations and Sick Notes -
Box 6 = $1/14/76- 2/24/76$ Box 7 = $2/25/76- 4/6/76$ Box 8 = $3/24/76- 5/4/76$ Box 9 = $5/5/76- 6/1/76$ Box 10 = $5/19/76- 6/29/76$ Box 11 = $6/16/76- 7/13/76$ Box 12 = $7/14/76- 8/24/76$ Box 13 = $8/11/76- 9/7/76$ Box 14 = $9/8/76-10/6/76$ Box 15 = $10/6/76-11/16/76$. Box 16 = $11/3/76-12/14/76$ Box 17 = $12/1/76-12/28/76$		ions and Sick Notes
DJS Timesheets - 4 Bxs.		
Box 1 - $1/4/76 - 4/6/76$ Box 2 - $4/7/76 - 6/29/76$ Box 3 - $6/30/76 - 10/5/76$ Box 4 - $10/6/76 - 12/28/76$		
DJS Timesheets - 2 bxs.		0
10. Quantit a. File drawers, le b. File drawers, le 11. Signature of Agency represe Kearburg	gal-size d. Other	lles

CERTIFICATE OF RECORDS DISPOSAL

DEFT•	HEALTH & MENTAL HYGIENE Reporting Agency						
FISCAL	SERVICES 77B114					PREPARE IN D	UPLICATE
	Division or Bureou	······································	•			Retain one copy original to abave	ond forward address
No.	Description of Records	Author For D	rization ispasal	Inclusive			
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Valume (Cubic Feet)	Date of Disposal	Method of Disposal
1-3	Clinic Reports - Forms 247 & 247	A			3	5-83	
		930	1G	FY 1974 March 74' to June		5-05	Recycled
					· · · ·		
		• •					
		• •					

I hereby certify that the above listed records were disposed af as indicated.

•

. •

Signoture

Date

1			Complete at Sta	ate Records Center
	RECORDS 1	TRANSMITTAL	Accession No.	Date Received
	AND F	RECEIPT		
			778114	May 20, 1977
		ion, Address or Agency)	Signature	
		Mental Hygiene	Title	
Fiscal Services 201 W. Preston St.		Record Managemer	t Technician	
	and Room	3. Phone	NA CALINA CALINA	a se se se antiquista de la la construction de
	r Bldg.	383-3379	4. To: State Records	Center
S.S. #			Baltimore	
Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
Aco	rge G	Recttion	4 Cu. Ft. App	rox.
.Records Location	8. Box		on of Records	10. Disposal Authority
(Center)	Numbers	With Inclu	sive Dates	(Schedule and Item No.)
Range 34	1 thru 3	Clinic Reports - Fo 1974 Fiscal Year -		5 Years
Section		June 30, 1974		000
Top				430
01		Contract of the second		
K34				10
C				16
50				
0				Lucher
				Acces
VIC				0.0
177				1976
1 .	1.00			1110
	1000	the second second		
	1.00			
	1000			
		and the state of the		
		3353-	- 2355-	
		2222	5-00	
		(Use Plain Unlined Paper	For Continuation Pages)	

CERTIFICATE RECORDS DISPOSAL ΟF

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

PREPARE IN DUPLICATE 80W33 FISCAL SERVICES Retain one copy and forward original to above address Division or Bureou Authorization For Disposal Inclusive Description of Records No. **Dotes of Records** Volume Dote of Include Title and/or Form Number Method of Disposed of Retention (Cubic Feet) Disposal Item Disposal Sched. No. No.

1D

1974-76

930

1-8 Misc. Payroll Information

۰.

I hereby certify that the above listed records were disposed of as indicated.

Signature

۰.

8

5-83

Recycled

8/1174 To be completed by Record Center: RECORDS TRANSMITTAL SHEET Dates Prepare in triplicate after records have been Lot No.: 80 4/33 received and labeled. Two copies will be returned to the Agency, one copy to be retained by Agency as its receipt, and the other to be Range: NQ L signed and returned to the Record Center. Section(s) 12+19 1. Agency: __ Dept. of Mental Health & Hygiene ____. Received by: 1 Remarks: 2. Division: _____ Payroll ____ 3. Record Title: Misc. Payroll Information YES 4. Inclusive Dates: 19711976 5. Schedule No. 6. Item No. 7. Scheduled Disposal Date: 8. Actual Disposal Date: 9. Numerical listing by box number, show- 1. Rumerical listing (continued) ing major file breaks, inclusive dates (each box). Emergency Payment Records 7/1/75-6/30/76 DHMH ETR and Payroll Registers Box 6 Box 1 Shift Diff. Sheets 7/1/75-6/30/76 32.01.03 7/1/74=6/30/75 Signature Payroll Sheets 4/75-6/21/78 DHMH ETR and Payroll Registers Box 7 32.01.01 7/1/74-6/30/75 Transmittals 7/1/75-6/30/76 Box 2 Distribution of Charges 7/1/75-6/30/76 Box 8 DHMH ETR and Payroll Registers Change Sheets 7/1/75-6/30/76 32.01.16 7/1/74-6/30/75 Termination Lists 7/1/75-6/30/76 32.01.06 7/1/74-6/30/75 Over-Time Vouchers 7/1/75-6/30/76 DHMH ETR and Payroll Registers Box 3 930 32.01.01 7/1/74-6/30/75 32.01.39 10/1/58-6/18/74 32.01.32 11/11/70-6/18/74 32.10.00 7/12/66-6/18/74 DHMH ETR and Payroll Registers Boxh 32.01.04 7/1/74-6/30/75 32.01.05 7/1/74-6/30/75 January 1982 32.01.07 7/1/74-6/30/73 32.01.19 7/1/74-6/30/75 32.01.20 7/1/74-6/30/75 Box 5 DJS ETR and Payroll Registers 32.02 .01 7/1/74-6/30/75 10. Quantity and type of filing equipment released: a. File drawers, letter size <u>yx</u> c. Transfiles b. File drawers, legal-size d. Other (specify) b. File drayers, logal-size 11. Signature, of Agency representative:

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

Division or Bureou

78B139

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive			Method of Disposat
	Include Title and/or Form Number	Retention item Sched. No. No.		Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	
1-7 1-8	FY Payroll Records-Form CPB 104 (Payroll Exception Time Reports) and Form CPB=105 (Payroll and Check Registers	930	1D	July 74- June 1976	15	5-83	Recyded
¢							
•							

I hereby certify that the above listed records were dispased of as indicated.

Signoture

Date

1	RECORDS 1	TRANSMITTAL	Complete at Sta	te Records Center		
		r	Accession No.	Date Received		
	AND F	RECEIPT	78B139	October 17, 1977		
Dept, of H	ealth & Ment	on, Address or Agency)	Signature			
Fiscal Ser			Title Record Management	; Technician		
2. Building o'Conor Bu	and the second sec	3. Phone	4. To: State Records	Center		
SS-6		383-3379	Baltimore			
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.			
Sh	en.D.	Dennis	17 Cu. Ft. Appr	COX.		
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus	of Records dve Dates	10. Disposal Authority (Schedule and Item No.)		
Range 14	1 thru 7	1975 Fiscal Year Payro 10% (Payroll Exception		199 - 2		
Section 5		Form CPB-105 (Payroll July 1, 1974 through July		1930		
R34 Sat	1 thru 8	104 (?ayroll Exception Form CPB-105 (Payroll July 1, 1975 through Ju	1976 Fiscal Year Payroll Records - Form CPB- 104 (Payroll Exception Time Report) and Form CPB-105 (Payroll and Check Register) - July 1, 1975 through June 30, 1976			
YES				930 1D		
				July		
				1901		
and the second		(Use Plain Unlined Paper	For Continuation Pages)	Lings - son		

CERTIFICATE ΟF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

	Reporting Agency						
TTSC	AL SERVICES	80W34				PREPARE IN DU	JPLICATE
Division or Bureou				1	Retain one copy and forward original to above address		
No.	Description of Records		rization lisposol	Inclusive		_	
-	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feat)	Dote of Disposol	Method of Disposol
1-3	Misc. Payroll Information Special Payments Vouchers for Units.	930	1 D,E	12/25/74 thru 6/24/76	3	5-83	Recycled
	Payroll Transmittals						
	Emergency Payroll Records						
,							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

• • •

Dote

o be completed by Record Center: RECORDS TRANSMITTAL SHEET Dates Lot No .: 80 W 317 Prepare in triplicate after records have been received and labeled. Two copies will be returned to the Agency, one copy to be retained Range: IT 6 by Agency as its receipt, and the other to be signed and returned to the Record Center. Section(s)]3-11 Received by: 1. Agency: Dept. of Health & Hental Hygiene Remarks: 2. Division: Payroll 3. Record Title: Misc. Payroll Information 185 4. Inclusive Dates: 12/25/74 thru 6/24/76 5. Schedule No. 6. Itam No. 7. Scheduled Disposal Date: 8. Actual Disposal Date: 1981 Muserical listing (continued) 9. Numerical listing by box number, showing major file breaks, inclusive dates (each box). Special Payments Vouchers for the BOX 1 following units: 32.06.00 32.01.01 32.08.00 32.01.03 32.10.00 32.01.04.04 32.01.04.02 32.11.00 July 1981 32.12.00 32.01.04.06 32.13.00 32.01.05 32.01.06 32.14.00 32.16.00 32.01.17 32.17.00 32.01.20 32.01.32 32.19.00 32.20.00 2.01.39 32.21.00 32.01.00 32.02.01 32.23.00 32.25.00 BQ Payroll 7/1/75-6/30/76 Transmittal 133 Emergancy Payroll records 10. Quantity and type of filing squipmant released: b. File drawers, legal-size d. Other (specify) 11. Signature of Agency representative: James Johnson

			Complete at State Records Center			
		BCEIPT	Accession No. 80W34	Date Received 8-1-79		
1. From: ()	Name, Divisi	on, Address or Agency)	Signature			
D. H. M.,	H. Pay,	roll .	Title			
2. Building	and Room	3. Phone	4. <u>To</u> : State Records	Center		
5. Signature	e: (Agency	Official)	6. No. of Cu.Ft.			
7.Records Location (Center)	8. Box Numbers		tion of Records clusive Dates	^{10.} Disposal Authority (Schedule and Item No.)		
\$ R-6 5 11 Y25	1-3	Emergancy Fr 1975-	Payment Acc. 1976	20 July 1981		

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

77B113

PREPARE IN DUPLICATE

Division or Bureou

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive Dates of Records			
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposal
1-9	Clinic Reports- Forms 247 & 247A	930	1G	FY 1975 July 74'-June 75'	9	5-83	Recycled
x .							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Title

Date

Part of Health & Kentel Hygiene Piecol Services 201 W. Preston St. Title Record Management Technician 2. Building and Room 0°Concerbuilding S.S. #6 3. Phone 383-3379 4. To: State Records Center Baltimore 5. Signature: (Agency Official) Location (Center) 6. No. of Cu.Ft. 10 Cu. Ft. Approx. 7. Records (Center) 9. Numbers Description of Records With Inclusive Dates 10°-Disposal Authority (Schedule and Item No.) 7. Records (Center) 9. Numbers Olinic Reports - Forms 247 and 247A 1975 Piscel Year - July 1, 1976 to Jacers 9. Section Solution Solution Solution Section Solution Sol			We the second second	Complete at Stat	e Records Center
1. From: (Name, Division, Address or Agency) Dept. (of Health & Kentell Hygles 201 W, Preston St. Signature 2. Building and Room 0'Conor Building S.S. 86 3. Fhone 383-3379 4. To: State Records Center Baltimore 2. Building and Room 0'Conor Building S.S. 86 3. Fhone 383-3379 4. To: State Records Center Baltimore 5. Signature: (Agency Official) Numbers 6. No. of Cu.Ft. 10 Co. Ft. Approx. 7. Records (Center) 8. Box Numbers 9. Description of Records With Inclusive Dates 10. pisposal Authority (Schedule and Item No.) 7. Records (Center) 1 thru 9 Clinic Reports - Forms 247 and 247A 1975 Fiscel Year - July 1, 1974 to 5. Years 8. So 78 33. 1975 93.0 76 7. So 33. 1975 93.0 93.0 7. So 33. 1975 93.0 16 <td>,</td> <td></td> <td>-</td> <td></td> <td></td>	,		-		
Provide of Health & Mental Hyglene Pricel Services 201 W. Preston St. Title Record Management Technician 2. Building and Room O'Conor Building S.S. #6 3. Phone 383-3379 4. To: State Records Center Baltimore 5. Signature: (Agency Official) Location (Center) 5. No. of Cu.Ft. 100 cu. Ft. Approx. 7. Records Location (Center) 9. Description of Records With Inclusive Dates 10° pisposal Authority (Schedule and Item No.) 7. Records Location (Center) 9. Description of Records With Inclusive Dates 10° pisposal Authority (Schedule and Item No.) 7. Records Location (Center) 9. Duce 30, 1975 9. Description of Records With Inclusive Dates 10° pisposal Authority (Schedule and Item No.) 8. Section Sec		4			May 20, 1977
0 Conor Building 383-3379 2. The state records Contract 5. Signature: (Agency Official) 6. No. of Cu.Ft. 10 Cu.Ft. Approx. 7. Records 8. Box 9. Description of Records 10. Disposal Authority (Schedule and Item No.) 7. Records 8. Box 9. Description of Records 10. Disposal Authority (Schedule and Item No.) 7. Records 9. Description of Records 10. Disposal Authority (Schedule and Item No.) 7. Records 9. Description of Records 10. Disposal Authority (Schedule and Item No.) 7. Records 9. Description of Records 10. Disposal Authority (Schedule and Item No.) 8. Social for 6 93. June 30, 1975 93. June 30, 1975 93. June 30, 1975 7. KS 9. 9. 9. 7. Social for 6 93. June 30, 1975 93. June 30, 1975 7. KS 93. June 30, 1975 93. June 30, 1975 7. KS 93. June 30, 1975 93. June 30, 1975	Dept. o Fiscal	f Health & Services	Mental Hygiene	Title	Technician
Arange Mathem 10 Gu. Ft. Approx. 7. Records 8. Box 9. Icenter) 9. Description of Records 10. bisposal Authority (schedule and Item No.) (center) Numbers 9. Description of Records 10. bisposal Authority (schedule and Item No.) Range 1 thru 9 Clinic Reports - Forms 247 and 247A 5. Werrs Bection 6 9175 930 160 930 Range 1 Free S 930 160 Range 1 Free S 930 160 Range 1 1975 930 160 Range 1 1975 930 160 Range 100 1975 930 160 Range 100 1975 930 160 Range 100 1975 100 100 YES 100 1975 100 100 YES 33744-33552 100 100 100	O'Conor	Building		Baltimore	enter
Location (Center) Numbers With Inclusive Dates (Schedule and Item No.) Ranget 31 1 thru 9 Clinic Reports - Forms 247 and 247A 1975 Fiscal Year - July 1, 1974 to June 30, 1975 5. Years Section 6 930 760 F34 760 760 YES 930/16 Jane 33, 1975 930 Jane 30, 1975 930 June 30, 1975 930 Jane 30, 1975 930	5. Signature	e: (Agency	Official) Reattion		rox.
Range 34 Section 6 750 834 56 755 755 750 755 750 750 750 750 760 770		Box	Description		10. Disposal Authority (Schedule and Item No.)
(lice Plain unlined Paper For Conclined 1011 Payes)	Ranga 34	1 thru 9	1975 Fiscal Year - June 30, 1975	July 1, 1974 to	930 16
(Use Plain Unlined Paper For Continuation Pages)					

PS-080

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES 82W114 Division or Bureou 82W114 Retain one copy and farward ariginal to above address

No.	Description of Records	Authorization For Disposal		Inclusive			
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
1-5	Special Payroll PTR's and Check Registers						· · ·
·	Regular Payroll Exception Time Re ports	- 930	1D	1/7/75 - 6/27/77	5	r 85	
				0/21/11	2	5-83	Recycled
•						· ·	
۰							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

	RRMRDS T	RANSMITTAL	Complete at State	
hand the	· · · · ·	BCEIPT	Accession No.	Date Received
		<u>ISCEIFI</u> r	82 W 114	8-7-81
		. on, Address or Agency) htal Hygiene	Signature	
D1 W. Pres	ton Street		Title	
altimore, ?. Building		3. Phone		
'Connor Bl treet Serv		383-6 862	4. To: State Records Co	inter
Room #SS		Official)	6. No. of Cu.Ft.	
11		\mathbf{n}		
Aleorque	-U. Mor	epissette-Chesley		·
7.Records Location	8. Box	9. Description		¹⁰ . Disposal Authority
(Center)	Numbers	With Inclus	ive Dates	(Schedule and Item No.)
R28	1	Special Payroll PTR'S 32.06.001/7/75 to 6	5 and Check Registers 5/21/77.	930
524		32.15.002/1/77 to 6 32.20.001/7/75 to 6	5/21/77.	ID
2		32.27.0010/12/76 to	o 6/21/77.	1982
\mathcal{N}^{0}		32.19.00 - 4/15/75 to 32.25.00 - 3/4/75 to	6/21/77.	
		32.17.00 - 1/7/75 to 6 32.10.00 - 1/7/75 to 6	5/21/77.	Jung
		32.13.00 - 1/7/75 to (32.12.00 - 1/7/75 to (5/21/77.	0.02
		32.21.001/7/75 to 6	5/21/77.	1980
		32.07.00 - 1/7/75 to (32.11.00 - 1/7/75 to (
	2	Special Payroll PTR'S 32.02.017/28/70 to		
		32.01.16 - 7/6/76 to (32.01.17 - 1/7/75 to (5/21/77.	
		32.01.011/7/75 to (5/21/77.	1983
		32.01.391/7/75 to 32.01.061/7/75 to	6/21/77.	
•		32.01.051/7/75 to		
	3	Special Payroll PTR': 32.16.001/7/75 to	6/21/77.	
		32.08.001/7/75 to 32.01.031/7/75 to	6/21/77.	. 1983
		32.04.001/7/75 to 32.01.041/7/75 to	6/21/77.	
		32.01.321/7/75 to 32.14.007/8/75 to		
		32.01.209/16/75 to 32.26.007/6/76 to		
	[(The plain things from	For Continuation Pages)	

(Use Plain Unlined Paper For Continuation Pages)

i t	RECORDS TRANSMITTAL		Complete at State Recolds Center		
		· · · · · · · · · · · · · · · · · · ·	Accession No.	Date Received	
- <u></u>	AND R	ECEIPT			
		b) .		· · · · · · · · · · · · · · · · · · ·	
1. From: () ept. of Hea		on, Address or Agency)	Signature		
01 W. Prest		tar nygrene	Title		
altimore, M	D 21201				
2. Building	1	3. Phone	4. To: State Records Co	enter	
'Connor Bld treet Servi		383-6862			
Room #SS	-6				
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.		
Desegie	a. Mor	rissette-Chesley			
7.Records	8. Box	9. V Description	of Records	¹⁰ . Disposal Authority	
Location (Center)	Numbers	With Inclus		(Schedule and Item No.)	
	4	Regular Payroll Exce (Journals): 32.01.037/13/76 to 32.01.197/13/76 to	6/28/77 Book #1 &2.		
		32.01.1810/19/76 to 32.01.077/13/76 to 32.01.167/13/76 to 32.01.067/13/76 to 32.01.057/13/76 to	o 6/28/77. 6/28/77. 6/28/77. 6/28/77. 6/28/77.	1983	
	5	Regular Payroll-Exce (Journals): 32.01.047/13/76 to 32.02.017/13/76 to 32.01.017/13/76 to 32.01.207/13/76 to	6/28/77. 6/28/77 Book #1 &2, 6/28/77 Book #1 &2.	1983	
<i>.</i>			F		

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIEN E

Reporting Agency

FISCAL	SERVICES	81w182
-		Division or Bureau

PREPARE IN DUPLICATE

.

Retain one copy and forward original to above address

	Description of Records	Author For Di	ization sposal	Inclusive Dates of Records	Volume	Date of	Method of
No.	Include Title ond/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Disposal	Disposal
1-2	Leave CardsDJS & DHMH	930		1975-78	2	5-83	Re cycled
	· · ·				-		
							· · ·
			:				
	*						
						<u> </u>	

I hereby certify that the above listed records were disposed of as indicated.

Title

	RECORDS 1	TRANSMITTAL	Complete at St	ate Records Center
			Accession No.	Date Received
Fise	J los	Deration	810182	3-9-81
1. From: (Name, Divisi Health &	ion, Address or Agency) Mental Hygiene	Signature	amberson gob
201 W. Pr Baltimore	eston Str	eet () n	miti /	
2. Building		3. Phone		ater - Marager
O'Connor E Street Ser	Bldg.	383-6862	4. To: State Records	1
Room #S	556			ulo
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
Aleorgie	Morrisse	the-Chesley	2	
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus		^{10.} Disposal Authority (Schedule and Item No.)
R=31	1	Leave CardsDJS & D	нмн 1975-1978.	1983
5-28	2	Leave CardsDJS & D	нмн 1975-1978.	1983
Vec				Gan
17				730
/				
				Aller
				120
				1983
				110-
	2 - 40 - 11 - 1			
		1,5 C - 64,5 C - 6		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	L	(Use Plain Unlined Paper H	For Continuation Pages)	

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES 77B115 Division or Bureou 77B115 Pivision or Bureou

No	Description of Records Include Title and/or Form Number	Authorization For Dispose!		Inclusive Dates of Records	Valume (Cubic Feat)	Date of	Method of
	Include Fine and/ar Form Number	Retention Sched. No.	item No.	Disposed of	(Cubic Feet)	Disposol	Disposol
1- <u>1</u> 3	Clinic Reports-Forms 247 and 247A	930	1G	FY1976	13	5-83	Recycled
	· · · · · · · · · · · · · · · · · · ·						· · ·
•							
ý							

I hereby certify that the above listed records were disposed of as indicated.

. •

Date

	RECORDS 1	TRANSMITTAL	Complete at St	ate Records Center
AND RECEIPT			Accession No. 77B115	Date Received May 20,1977
1. From: (Name, Divisi	on, Address or Agency)	Signature	
Fiscal 201 W.	Services Preston St.		Title Record Managemen	t Technician
S.S. 1	or Building	3. Phone 383-3379	4. To: State Records Baltimore	Center
M	e: (Agency	/	6. No. of Cu.Ft. 14 Cu. Ft. App	Prox.
7.Records Location (Center)	8. Box Numbers	-	on of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)
Range 1 Section 3-4 Top MO	1 thru 13	Clinic Reports - Fi 1976 Fiscal Year - Jume 30, 1976	orms 247 and 247A July 1, 1975 to	-5 Terro 930 16 Jacks 1978

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

 FTSCAL SERVICES
 77B112

 Division or Bureau
 Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		inclusive Dates of Records			·
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposat	Method of Disposol
1-9	Clinic Reports- Form 247 and 247A	930	1G	FY 1977 July 76' - March 77	9	5-83	Recycled
					· · ·		
•							

I hereby certify that the abave listed records were disposed of as indicated.

Signature

Date

PS - 789 DGS - RM - 2

RECORDS 1	TRANSMITTAL	Complete at State Records Center		
AND F	RECEIPT	Accession No.	Date Received	
of Health & Services	Mental Hygiene	Signature Title	May 20, 1977 Technician	
and Room r Building #6	3. Phone 383-3379	4. To: State Records Baltimore	Center	
e: (Agency	official) Reather	6. No. of Cu.Ft. 10 Cu. Ft. App	prox.	
8. Box Numbers			10. Disposal Authority (Schedule and Item No.)	
1 thru 9	9. Description of Records With Inclusive Dates Clinic Reports - Forms 247 and 247A 1977 Fiscal Year - July 1, 1976 to March 31, 1977		-5-Years 930 16 July 1979	
	35 57	55-5543		
	AND F Name, Division of Health & Services Preston St. and Room r Building #6 e: (Agency Oggency 8. Box Numbers	Preston St. and Room 3. Phone r Building 383-3379 e: (Agency Official) Box 9. Description Numbers With Inclus 1 thru 9 Clinic Reports - For 1977 Fiscal Year - March 31, 1977	RECORDS TRANSMITTAL AND RECEIPT AND RECEIPT . 77B112 Name, Division, Address or Agency) Signature of Health & Mental Hygiene Signature Services Title Preston St. Record Management and Room 3. Phone r Building 383-3379 #6 383-3379 e: (Agency Official) 6. No. of Cu.Ft. 10 Cu. Ft. App 8. Box 9. Numbers 9. 1 thru 9 Clinic Reports - Forms 247 and 247A 1977 Fiscal Year - July 1, 1976 to	

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL	SERVICES	

78B175 Division or Bureou

PREPARE IN DUPLICATE

Retain one capy and forward original to above address

No.	Description of Records	Authorization For Disposol		Inclusive Dotes of Records	V 1			
	Include Title and/or Form Number	Retention Sched, No.	item No.	Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol	
1-1 1-3 1-5	Clinic Reports- Form 247 & 247A 930 1G		1G	FY 1976-77-78 July 75-Nov. 77'	9	5-83	Recycled	

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Title

No. Date Received January 18, 1978
Management Technician
Records Center
Approx.
10. Disposal Authority (Schedule and Item No.)
nd 1983
d 1977 1983 30, 1977 1983
930 16 January 1980.

.

1

76 B34

الفرادي المكانية والأرباط المواور فكان المراجع المراجع . المراجع المكانية

. .

.

Constant of the second state of the second

a de la companya de la Antonia de la Companya de la En la Companya de la C

.

CERTIFICATE OF RECORDS DISPOSAL

	Dept. Health & Mental Hygiene Reporting Agency Fiscal Operations 81W270 Division or Bureou			PREP. Retoin origino			
No.	Description of Records Include Title ond/or Form Number		Disposol lisposol litem No.	Inclusive Dotes of Recards Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposal
1-5	Timesheets -DJS	930	1E	12/76-1/78	5	6-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signature

....

Date

	RECORDS 7	TRANSMITTAL	Complete at State Records Center			
· op .		RECEIPT	Accession No. 81W27X	Date Received 4-3-8/		
Dept. of H 201 W. Pre Baltimore,	lealth & M ston Stre MD 2120	1 Personal		mbersong B ter Marager		
2. Building O'Connor E Street Ser Room #SS	oldg. vice Leve	3. Phone 1 383-6862	4. <u>To</u> : State Records	Center aterloo		
5. signatur Deorgie		official) ette-chesley	6. No. of Cu.Ft. 5			
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus		10. Disposal Authority (Schedule and Item No.)		
RIOS	1	TimesheetsDJS 12/2	9/76-3/22/77.	1982		
521	2	TimesheetsDJS 3/23	1982			
	3	TimesheetsDJS 6/15	1982			
165	4	TimesheetsDJS 9/7/	1982			
	5	TimesheetsDJS 11/3 1/11/78-1/24/78. Tin DJS Pay periods 12/2	mesheets missing	1983		
				930		
				12		
				12 Nomucio 1983		
		(Use Plain Unlined Paper B	For Continuation Pages)			

CERTIFICATE RECORDS DISPOSAL OF

DEPT. HEALTH & MENTAL HYGIENE

Time Sheets

1-13

1

i

Reporting Agency

FISCA	L SERVICES Division or Bureau	80w35			PREPARE IN DUF Retain one copy an original to above a	d farward
Na.	Description of Records Include Title and/or Form Number	Authorizotion For Disposol	Inclusive Dates of Records Disposed of	Valume (Cabia Fast)	Dote of	Method of

ltem

No.

1E

Retention

Sched. No.

930

Disposed of

12-29-76 to

12-27-77

I hereby certify that the above listed records were disposed of as indicated.

Signature

...

Date

(Cubic Feet)

13

Disposal

5-83

PS-789 DGS-RM-2

Disposal

Recycled

RECORDS TRANSMITTAL SHEET

To be completed by

Record Center: Dates Prepare in triplicate after records have been Lot No .: 80 6.75 received and labeled. Two copies will be returned to the Agency, one copy to be retained 20 by Agency as its receipt, and the other to be Range: signed and returned to the Record Center. Section(s) Abration Received by: 1. Agency: Dept. of Health & Mental Hygiene 2. Division: Personnel- Time Keeping Remarks: 3. Record Title: Time Sheets 125 4. Inclusive Dates: 12/29/76 to 12/27/77 5. Schedule No. 6. Item No. 7. Scheduled Disposal Date: 8. Actual Disposal Date: Mumerical listing (continued) 9. Numerical listing by box number, show-1 ing major file breaks, inclusive dates (each box). 14 & 15 Box # 1 Time Sheets 12/29/76 to 1/25/77 16 & 17 Box # 2 Time Sheets 1/26/77 to 2/22/77 18 & 19 Box # 3 Time Sheets 2/23/77 to 3/22/77 20 & 21 Box # 4 Time Sheets 3/23/77 to 4/19/77 22 & 23 Box # 5 Time Sheets 4/20/77 to 5/17/77 24 & 25 Box # 6 Time Sheets 5/18/77 to 6/14/77 NUARY 1983 26 & 1 Box # 7 Time Sheets 6/15/77 to 7/12/77 2 & 3 Box # 8 Time Sheets 7/13/77 to 8/9/77 4 & 5 Box # 9 Time Sheets 8/10/77 to 9/6/77 Box # 10 Time Sheets 9/7/77 to 10/4/77 6 & 7 Box # 11 Time Sheets 10/5/77 to 11/1/77 8 & 9 10 & 11 Box # 12 Time Sheets 11/2/77 to 11/29/77 12 & 12 Box # 13 Time Sheets 11/30/77 to 12/27/77

> 10. Quantity and type of filing equipment released: a. File drawers, letter size c. Transfiles b. File drawers, legal-size d. Other (specify)

11. Signature of Agency representative:

CERTIFICATE OF RECORDS DISPOSAL

Dept. Heath	&	Mental	Hygiene
-------------	---	--------	---------

Reporting Agency

Fiscal	Operations	

Division or Bureou

81W266

PREPARE IN DUPLICATE

:

:

;

Retain one copy and forward original to above address

No.		Authorization For Disposal		Inclusive			
N0.	Description of Records Include Title and/or Form Number	Retention Sched. No.	item No.	Inclusive Dates of Records Disposed of	Volume (Cubic Feet)	Dore of Disposol	Method of Disposal
2-7 & 9	Cash Receipts	930	1E	FY 1977	7	6-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

.

Signature

....

1-4

Dote

aber an an an an	RECORDS .	TRANSMITTAL		and the second
	in pro		Accession No.	Date Received
	AND H	RECEIPT	81W266	4-3-81
.1. From: (Name, Divisi	ion, Address or Agency)	Signature, A	1 1 0
HEALTH &	MENTAL HYG	IENE / / /	Haul C. Xa	nheuronchs
	RESTON STRE		Title and A	ti - Minar
-2. Building	E, MD 21201 and Room	3. Phone	- second cen	a mayb
	BLDG.	383-2951	4. To: State Records C	enter
RM. SS6		Acctg.	1.1.	. + /
5 01 1		0		eter loo
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
1 .			1	
Mulds 7.Records	11 E. 8.		/	
Location	Box	-	of Records	10. Disposal Authority
(Center)	Numbers	With Inclus	ive Dates	(Schedule and Item No.)
R105	7 Boxes	Cash Receipts	1977 FFY	1982
		#2 Deposit tickets exce #4 Unit 05 - July thru	pt Vital Records	
.520		#5 Unit 05 - July thru	June	3
		#6 Units 06-07-16/	/	930
		#7 Units 17 to 40, 3202 Bds. 320400-322700	01, Constr. & Sewage,	- 100
.114		#9 Vitla Records & Part	Unit 05	
149		#3 Part Units 03 & 04		1 2
1				
	1			1
and the state				Jacas
				00
				1982
10 10 G				1900
	15. 3. 2. 3.			
Cu OLATA				
		a dia 2010 Desemple		
and medical				
				•
		A CHARLES AND CHARLES		
	1.172-3	and the second		
				A state of the second second
1				
S. C. S. C. A.		1 1 1 1 1 1 1		
		(Use Plain Unlined Paper F	For Continuation Decee)	

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

<u>82W9</u>3

.

PREPARE IN DUPLICATE

Retain ane capy and forward original ta abave address

No.	Description of Records Include Title ond/or Form Number	Author For Di Retention Sched. No.	rizotion isposol Item No.	Inclusive Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol
· 1-	2 - Certificates of Deposit Cash Receipts Books- all units & boards	930	1A	FY 1977	2	5-83	Recycled
	· · · · · · · · · · · · · · · · · · ·						
			1		,		

I hereby certify that the above listed records were disposed of as indicated.

Signoture

c

	ALCORDS .	TRANSMITTAL		
	AND I	RECEIPT	Accession No. $82 (U) 93$	Date Received
		ion, Address or Agency)	Signature .	- / 0/
201 W.	MENTAL HYG PRESTON STRU ORE, MD 212	BEL	Title	
2. Building O"CONNOR	and Room	3. Phone	4. To: State Records C	and a second stand of a second s
RM SS6		383-2951	- /	sup
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	/
	ved 14		2	
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)
R26	2 Boxes	CERTIFICATES OF DEPOSIT #11 Cash Receipts book	1977 FFY as, - all units & boards	1982
Sila		#12 Cash Receipts book	cs, - all units & boards	
910				.930
VES				
10				IA
				July
		·		1982
142.5				
				-
4				
101				
1				

.

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Fiscal Operations

4

Reporting Agency

Division or Bureau

• • • · · · ·

81W265

X

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

Authorization For Disposol Inclusive Description of Records No. Dates of Records Volume Dote of Method of Include Title and/or Form Number Disposed of Retention (Cubic Feet) Disposol Item Disposal Sched. No. No. 1-9 930 **Expense** Accounts Recycled 1 E FY 1977 9 6-83 -

I hereby certify that the above listed records were disposed of as indicated.

Signature

Title

PS-789 DGS-RM-2

- Health 201 W. Baltimo 2. Building 0'Conno Rm. SS6 5. Signatur	Nome, Divisi & Mental Hy Preston St. re, Md. 212 and Room r Bldg.	3. Phone 222-2294 Official) Davis	Accession No. 8/w 265 Signifire Caul C. 2 Tifle 4. To: State Records C Wat 6. No. of Cu.Ft. 9	tulo
Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records Sive Dates	¹⁰ .Disposal Authority (Schedule and Item No
R105. 520	9 Boxes	Box 1 - Unit 01, 05 2 - Unit 16, Boards 32.21,32.22,32.2 3 - Unit 03 V-66-579 4 - Unit 06, 07,17, 5 - Unit 32.02.01 V- 6 - Unit 32.02.01 V- 7 - Unit 03 V-11634- Boards 32.04,32.	18,19,20 -6309-12872 -167-6294 -14130, Unit 32,39,40 .06,32.07,32.08,32.10 32.11,32.12,32.13,32.15 16	1982 A A 930 12 Julyo 1982
		(Use Plain Unlined Paper F	or Continuation Pages)	

.

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

.

Reporting Agency

82W97

Division or Bureou

FISCAL SERVICES

÷

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records Include Title ond/or Form Number		izotion sposol Item No.	Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposal
2	Miscellaneous #8 Chargebacks, A/C Rec. Ledger, Adjustments & Refunds	930	1E	FY 1977	2	5-83	Recycled
	#10 Working Fund, Cancelled Checks W/F Ledger, Cash receipts, board 321200, constr. & water			2			
							•
· ·	-						

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Title

	RECORDS	TRANSMITTAL	6	
	AND	PECETOT	Accession No.	Date Received
	AND		82 W 97	8-7-81
		ion, Address or Agency)	Signature	
201 W. PI	MENTAL HYGI RESTON STREE		Title	
2. Building	E, MD 21201	3. Phone	The Algeriant sector to discussion and an anti-	an da ta anala alar mangga ng aya Balandan in dan sana
O'CONNOR		383-2951	4. To: State Records C	enter
RM. SS6			lon	11.0
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	ny
			1	
	dud la	funt	9	
7.Records Location	8. Box		n of Records	10. Disposal Authority
(Center)	Numbers	With Inclus	sive Dates	(Schedule and Item No.)
	2 Boxes	Miscellaneous 1977 H	FFY	1982
Drb		#8 Chargebacks, A/C Rec.	, Ledger, Adjustments	
No		& Refunds		020
016		#10 Working Fund, Cancel Cash receipts, boar	lled checks, W/F ledger, rd 321200, constr. &	. 950
210.		water.		IE
				IF
V27		1947 - S. M. S 1976 - J. M. S. M 1976 - J. M. S. M	•	1.7
1				Jung
	1 - Lui I.		1 C 1 C 1	0 0
	10-5-63			1982
1				110
1.2.2.2.				
-				в."
ł				
\$ }		1		
5			요즘 아이들이 가지 않는 것	
10.0.4				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12.23				2
		19 J. 19 M. 19 M.		
		2 A 1 20 30 3 3	Same Same	and the second sec
		(Use Plain Inlined Paren F		

,

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

B1W251 Division or Bureou PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Author For D	rizotion isposo!	Inclusive Dotes of Records	Volume		
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Dote of Disposot	Method of Disposol
1	Office Supplies Lab Supplies Duplicating Req.	930	1E	FY 1977	1 ·	5-83	Recycled
			· · · · ·		· · ·		
- -						- -	

I hereby certify that the above listed records were disposed of as indicated.

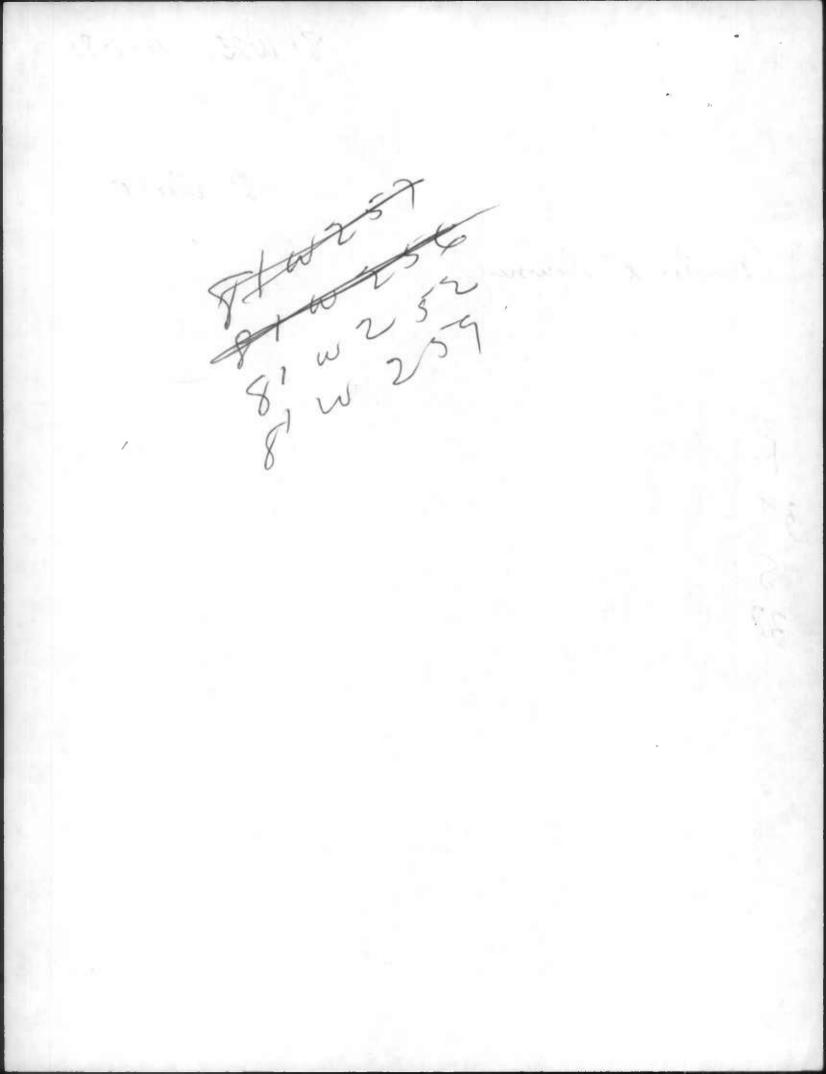
Signature

...

Date

PS - 789 DGS - RM - 2

			Accession No.	Date Received			
······	AND RECEI	<u>IPT</u>	8/ 11/25/	4-1-81			
Healt * 201 W	Division, h and Menta Preston S more Md 213	S ₄ .	Signature				
2. Building and		Phone	the advances represent to be advant of the last particular to the	a o a a a a a a a a a a a a a a a a a a			
O'Connor bldg Rm ss-6	O'Connor bldg		4. TO: State Records Center Waterloo				
Alberta		Journey	6. No. of Cu.Ft.	,			
. LOCALION	ox mbers	Description With Inclus	of Records ive Dates	10. Disposal Authority (Schedule and Item No.)			
R. 34 37 37 20	1	Office Supplies Lab Supplies 197 Duplicating Req	TY FY	1982 930 12 July 1982			
3 - 980	(1136	a Plain Unlined Paper F	For Continuation Pages)	DGS-RM-11 2/24/75			



CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES Division or Bureou

.....

81W254

PREPARE IN DUPLICATE

Retain one capy and forword original to abave oddress

No.	Description of Records Include Title ond/or Form Number	Author For Di Retention Sched, No.	rizotion isposol item No.	Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposol
1	Payment Vouchers Listing	930	1E	FY1977	1	5-83	Recycled
-							
				x			
				•			

I hereby certify that the above listed records were disposed of as indicated.

Signoture

2. Building O'Connor B Rm SS-6 5. Signatur	Name, Divisi Health and 201 W, Pres Baltimore Mo and Room 1dg	3. Phone 383-3539 Official)	Accession No. <u>8/W254</u> Signature Title 4. <u>To</u> : State Records (6. No. of Cu.Ft.	Center
Location (Center)	8. Box Numbers		on of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No
R34 532 XS	1	Payment Voucher 1	isting 1977 FY	1982 1930 1 E July 1982
		(line plain inlined page	T For Continuation Pages)	

CERTIFICATE OF RECORDS DISPOSAL

82W96

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FTSCAL SERVICES Division or Bureou PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records Include Title ond/or Form Number	Author For Di Retention Sched, No.	ization sposol Item No.	Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposal
2	Personal Car Mileage Payment Listing	930	1E	FY 1977	2	5-83	Recycled
		-					
-							,
		. J					

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Dote

PS-789 DGS-RM-2

			Accession No.	Date Received
		RECELPT	82 W 96	8-7-81
nearth a	Mental Hug Seston St.	ion, Address or Agency)	Signature	
Baltimore	, Md. 2120	01	Title	Links Art second
- 2. Building		3. Phone	Stater line Block Brown Brown and and	
O'Connor Rm. SS6	Bldg.		4. To: State Records	
5. Signature	: (Agency	Official)	6. No. of Cu.Ft.	щp
foy	va Da	nes	2	
Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	10. bisposal Authority (Schedule and Item No
P26	2 Boxes	Personal Car Mileage	1977 FY .	1982
R26 516		Box 1 - Personal Car Mil Box 2 - Personal Car Mil	eage eage, Payment Listing	
				930 IE
148				IE
				July
				Jung- 1982
		(Use Plain Unlined Paper F	or Continuation Pages)	

.

.

CERTIFICATE OF RECORDS DISPOSAL

81W258

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

PREPARE IN DUPLICATE

Retain one copy and forward ariginal to above address

Division or Bureou

	Description of Records	Authorizotion For Disposol		Inclusive Dotes of Records	Volume	Dote of	Method of
No.	Include Title ond/or Form Number	Retention Sched. No.	ltem Na.	Disposed of	(Cubic Feet)	Disposal	Disposol
1	Transmittals & Warrants Unit 03, Local Health Adm.	930	1A	FY 1977	1	5-83	Recycled
							-
						,	
	1						

I hereby certify that the abave listed records were disposed of as indicated.

Signoture

PS-789 DGS-RM-2

CERTIFICATE ΟF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

81W263

Division or Bureou

PREPARE IN DUPLICATE

-

Retain one capy and forward ariginal to above address

	·					``````````````````````````````````````	
No.	Description of Records Include Title ond/or Form Number	Author For Di Retention Sched. No.	rizotion isposol Item No.	Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of . Disposal
1	Unit 20 Pink Payment Vouchers 1-494	930	1E	FT 1977	1	5-83	Recycled
		4					
					۰.		~
	-		、 、				
	L ;						,

I hereby certify that the obove listed records were disposed of os indicated.

Signoture

Title

Dote

PS-789 DGS-RM-2

20		Hygiene	Accession No. BIW263 H-I-81 Signature Title 4. To: State Records Center Watuboo		
5. Signature: Alberta	(Agency Officia R Down	1) ey	6. No. of Cu.Ft.		
Location	Box 9. Numbers	Description With Inclu	on of Records usive Dates	¹⁰ .Disposal Authorit (Schedule and Item N	
R34 532	1	Unit 20 Pink paym box 1 1-4	ent Vouchers 1977 ¥ 94	1982 ** 930 12 July 1982	
	(Use Pl.	ain Unlined Paper	For Continuation Pages)		

.

CERTIFICATE OF RECORDS DISPOSAL

82W103

DEPT. HEALTH & MENTAL HYGIENE

Reparting Agency

FTSCAL SERVICES Division or Bureou PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records Include Title ond/or Form Number		izotion sposol 	Inclusive Dotes of Records Disposed of	Valume (Cubic Feet)	Date of Disposol	Method of Disposol
2	Unit 17 Pink Payment Vouchers 1-1401 Unit 18 1-338	930	1E	FY 1977	2	5 - 83	Recycled
					ł		
			-				
•	-			· .			

I hereby certify that the above listed records were disposed of as indicated.

Signoture

			Accession No.	Date Received	
· · · ·	AND R	ECEIPT	82 W 103	8-7-81	
1. <u>From:</u> _(N	ame, Divisi Health and 201 W. Pre Baltimore	on, Address or Agency) A Mental Hygiene eston St Md 21201	Signature Title		
2. Building and Room 3. Phone O'Connor Bldg Rm SS-6 383-3539			4. To: State Records Center		
5. Signature	e: (Agency	Official)	6. No. of Cu.Ft.		
Alber Records	tu R.	Downey	X	10. Disposal Authority	
Location (Center)	Box Numbers	Description With Inclus	n of Records sive Dates	(Schedule and Item No	
R26 511	2	Box 1 1-79	ment Vouchers 1977 Fy 96 -1401 t 18 1-338	1982 - 930	
125				1 E July 1982	
		(Use Plain Unlined Paper	r For Continuation Pages)		

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operation s 81W264
PREPARE IN DUPLICATE
Retain one copy and forward
original to above address

No.	Description of Records	Authorization For Disposol		Inclusive Dates of Records		Dote of Disposal	
	Include Title and/or Form Number	Retention Item Sched. No. No.		Disposed of	Volume (Cubic Feet)		Method of Disposal
1-4	Yellow Vouchers	930	1E	FY 1977	4	6-83	Recycled
	· · · · · · · · · · · · · · · · · · ·						
·							
e N							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

PS-789 , DGS-RM-2

	RECORDS 1	TRANSMITTAL	1	te netorub center
Anna an anna an an an an an an an an an a	AND F	RECEIPT	Accession No.	Date Received
1. From: (201 W.	on, Address or Agency) and Mental Hygiene Preston St. Jusal & re Md 21201 Support	Jaul C. Las	nbusnig B
2. Building and Room O'Connor Bldg Rm ss-6 3. Phone 383-3539			4. To: State Records	Center Tuloo
5. Signatur	erta R	Official) Downey	6. No. of Cu.Ft. 4	
Location (Center)	8. Box Numbers	9. Description With Inclus	a of Records Sive Dates	<pre>10. Disposal Authority (Schedule and Item No.)</pre>
R105 520 XES.	4	Yellow Vouchers Box 1 A- Box 2 C- Box 3 K- Box 4 Q-	-C -J -P	1982 930 12 Juny 1982

(Use Plain Unlined Paper For Continuation Pages)

1

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

_____FISCAL SERVICES 80W39 PREPARE IN DUPLICATE
Division or Bureou

No.	Description of Records	Autho For D	rization isposo!	Inclusive			· ·
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Dore of Disposal	Method of Disposol
1–2	Time and In/Out Sheets from Jan. 1977 to Dec. 1977	930	1E	Jan.1977-Feb. 197	9 2	5-83	Recycled
	Data Processing Dec. 78 - Feb. 79				· · ·		
						· · ·	
						· · ·	
ж 							

I hereby certify that the abave listed recards were disposed of as indicated.

Signature

. .

.)

Dote

PS - 789 DGS - RM - 2

	DEGODEG (Complete at Star	te Records Center
1.1.1	RECORDS 1	TRANSMITTAL	Accession No.	Date Received
G.	AND F	Deration	80W39	8/179
		on, Address or Agency)	Signature	11 31
Data Pro	r Health & M ocessing Preston St.	ental Hygiene	Title	
2. Building	and Room	3. Phone	4. To: State Records	Center
O'Conor Room SS-		383-2719		
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
w	DHei	yh	2	
Records Location (Center)	8. Box Numbers	9. Description With Inclus	of Records ive Dates	10. Disposal Authority (Schedule and Item No.)
RIO	1	Time and In/Out Sheets Dec. 1977	from Jan. 1977 to	
SK14 R:6 S 11	1	Data Proce		930 1 E
YES				1983 I
5		(Use Plain Unlined Paper	For Continuation Pages)	

. .

5 - 980

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL OPERATIONS

82W118

. .

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

N o.	Description of Records	Authorization For Disposol		inclusive Dates of Records				
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol	
1-5	Pink Vouchers 1088 Vo. Accts. Payable Vo. #2215-1089 Vo. #2217-3454	930		7/77 - 6/78	5	5-83	Recycled	
	VG: #2217-3434 VO #3455-4640 Pink & Yellow 1-342 Pink 4708-4844					· · ·		
•								
1.								

I hereby certify that the obove listed records were disposed of as indicated.

Signature

•6

...

Date

Complete at State Records Center RECORDS TRANSMITTAL Accession No. Date Received AND RECEIPT 826118 1. From: (Name, Division, Address or Agency) Signature DHMH Title Fiscal Opena Building and Room 2. 4. To: State Records Center 5. Signature: (Agency Official) 6. No. of Cu.Ft. 15 8. 9. 7.Records Description of Records 10. Disposal Authority Box Location With Inclusive Dates Numbers (Center) (Schedule and Item No.) 1. 1. Pink Vou. 1088-R6 2 Accts. PAYA61e 7/77-6/78 Nott: 2215- 1089 510 3. VO# 2217- 3454 4. 00# 3455 - 4640 5. Pinko 4708 - 342 Pink 4708 - 48 44 105

⁽Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

 Fiscal Operations
 79B43

 Division or Bureou
 Retain and copy and forward ariginal to obove address

No.	Description of Records	Authorization For Disposet		Inclusive Dates of Records	······		
	Include Title ond/or Form Number	Retention Sched, No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposat	Method of Disposal
1-9	Clinic Reports- Form 247 & 247A	930	1G	Dec. 1977 thru Aug. 1978	9	6-83	Recycled
		· · ·					
					· ·		
ř.							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

PS-789 DGS-RM-2

	RECORDS 1	TRANSMITTAL	Complete at State Records Center			
		RECEIPT	Accession No.	Date Received		
	AND F	<u>CCEIPT</u>	79B43	12/1/78		
		lon, Address or Agency)	Signature			
Dept. of Fiscal S		ental Hygiene	Title Service Specialis	et I		
2. Building O'Conor SS-6		3. Phone 383-3379	4. To: State Records Center Baltimore			
5. Signature	e: (Agency	Official) Denno	6. No. of Cu.Ft. 11 Cu. Ft. Approx.			
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus	a of Records sive Dates	10. Disposal Authority (Schedule and Item No.)		
₽ H 4	1 thru 9	Clinic Reports - Forms December 1, 1977 thru A	247 & 247A - August 31, 1978	1984		
R108 529-30 X95				930 16 Normany		
				1981		
				CLATVA!		
		(Use Plain Unlined Paper	For Continuation Pages)	1		

10,650 - 10,658 DGS-RM-11

CERTIFICATE OF RECORDS DISPOSAL



Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations	81W280	 		PREPARE IN DUPLICATE
Division or Bureou		• •	ι [*] - Υ	Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive Dates of Records			
	Include Title ond/or Form Number Retention Item Disposed of Sched. No. No.		Volume (Cubic Feet)	Date of Disposat	Method of Disposol		
	Overtime Vouchers, Old Overtime Vouchers, Shift Differential						
	Distribution of charges, Change Sheets	930	1D	FY 1977	4	6-83	Recycled
· .		· .					
₽							

I hereby certify that the above listed recards were dispased of as indicated.

Signoture

• •

RECORDS T	RANSMTTTAT.	Complete at State Records Center			
		Accession No.	Date Received		
		816 280	4-3-81		
Name, Divisi ealth & Me	on, Address or Agency) ntal Hygiene	Signature			
MD 21201		11010			
and Room	3. Phone	4. To: State Records Co	enter		
5-6		Waterloo			
		6. No. of Cu.Ft.			
Morriss.	ette-Chesley	4			
8. Box Numbers	9. Description		¹⁰ .Disposal Authority (Schedule and Item No.)		
1	Vouchers-7/1/77 to 6 time Sheets-7/1/77 t Differential-7/1/77 Distribution of char	/			
2	Sheets-7/1/77 to 6/3 7/1/77 to 6/30/78. forms-7/1/77 to 6/30/ 7/1/77 to 6/30/78. Vouchers-6/22/77 to	0/78. Transmittals Check cancellation 78. Stop Payments Special Payment 6/20/78 for 32.02.01	July 1983 1983		
3	Journals 32.01.03-Bo	ok #1, 32.01.05,	1983		
4			1983		
	AND R AND R AND R Decol O 4 Name, Divisi ealth & Me ston Stree MD 21201 and Room ldg. vice Level S-6 e: (Agency Moccus 8. Box Numbers 1 2 3	and Room 3. Phone 1dg. vice Level 383-6862 S-6 e: (Agency Official) Maccust due	AND RECEIPT AND RECEIPT And Room Address or Agency) ealth & Mental Hygiene ston Street MD 21201 and Room Age. Signature Signature Title Title Title 4. To: State Records Co Watellow 4. To: State Records Co Watellow 5.6 8. Box Numbers 9. Description of Records Numbers 1 Fiscal 7/1/77 to 6/30/78. Overtime Vouchers-7/1/77 to 6/30/78. Overtime Vouchers-7/1/77 to 6/30/78. Shift Differential-7/1/77 to 6/30/78. Termination Sheets-7/1/77 to 6/30/78. Stop Payments 7/1/77 to 6/30/78. Payroll Journals 32.01.03-Book #1, 32.01.05, 32.01.06, 32.01.07, 32.01.16, 32.01.18, 32.01.19, 32.01.20. 4 Fiscal 7/1/77 to 6/30/78. Payroll Journals 32.01.01, 32.01.03 Book #2,		

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT	HEALTH & MENTAL HYGIENE						
FISC	Reporting Agency AL SERVICES Division or Bureou	82W120	·	·		PREPARE IN DI	and the second
	U IVISION OF Bufeou				лана М	Retain one copy o original to above	address
No.	Description of Records	Authorization For Disposal		Inclusive			
1	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
							· · ·
1-5	Cash Receipts	930	1E	FY 1978	6	5-83	Recycled
							· ·
			· .				
	•						· · ·
-	· · · · · · · · · · · · · · · · · · ·						

I hereby certify that the above listed records were disposed of as indicated.

-

Signature

Date

	RECORDS 1	RANSMITTAL		1	
	AND F	ECEIPT	V	Accession No. 81 W258	Date Received
			or Agency)	Signature	
	Health and N 201 W. Prest	ental Hyrid	ene		
	Baltimore Ma			Title	1
2. Building O'Connor		3. Phone		Constitution and and a set of the	a ann a mhair an tha ann an tha an
	bldg		191 1510	4. To: State Records Co	enter
Rm ss-6			383-3539	4	Waterloo
5. Signatur	e: (Agency	Official)		6. No. of Cu.Ft.	
	taRK	Jowney			/
Records Location	8. Box	9.	Description	of Records	10. Disposal Authority
(Center)	Numbers		With Inclus		(Schedule and Item No.)
R34 532 Y95	1		Fransmittals & V Unit 03, Local	Warrants 1977 FY Health Adm.	1982 930 1A July 1982

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations Division or Bureou

81W267

X

PREPARE IN DUPLICATE

Retain ane copy and forward ariginal to above address

No.	Description of Records	Authorization For Disposat		Inclusive			
NO.	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
1-9	Juvenile Services Pink Payment Vouchers						· · · · · · · · · · · · · · · · · · ·
· · ·	1-12827	930	1E	FY 1977	9	6-83	Recycled
						· · ·	
· .			· · ·			н. - С	
•							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Dote

	RECORDS	TRANSMITTAL		1		
AND RECEIPT			Accession No. 811.267	Date Received 4-3-81		
1. From: (Name, Division, Address or Agency) Health and Mental Hygiene 201 W. Preston St. Juscalt			Paul C. Lamburngs			
	Balti ore Md	21201 Support	Richal Center	-Manager		
O'cor Rm se		3. Phone 383-3539	Water	4. To: State Records Center Water Loo		
<u>Albei</u>	e: (Agency	Downey	6. No. of Cu.Ft. 9			
Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)		
R105 520-21 X25.	9	Juvenile Services box 1 1-12 box 2 1261 box 3 2730 box 4 4259 box 5 5803 box 6 7363 box 7 9200 box 8 1071 box 9 1236	1-2606 0-4217 5-5765 3-7362 3-9131 0-10667 11-12287	1982 930 12 July 1982		

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES 82W105
Prepare in DUPLICATE
Retain one copy and forward
original to above address

No.	Description of Records	Autho For D	rizotion isposo!	Inclusive Dates of Records				
	Description of Records Include Title ond/or Form Number	Retention Item Sched. No. No.		Dates of Records Disposed of	Volume (Cubic Feet)	Dore of Disposof	Method of Disposol	
2	Supply Charge Sheets	930	1E	FY 1977	2	5-83	Recycled	
					· ·			
						· · · · · · · · · · · · · · · · · · ·		
`								

I hereby certify that the above listed records were disposed of as indicated.

-

Signoture

Date

PS-789, DGS-RM-2

· · · · · · · · · · · · · · · · · · ·		Accession No.	Date Received
AND REC	EIPT	82W105	8-7-81
L. From: (Name, Division Health and Men	, Address or Agency) Ital Hygiene	Signature	
- 201 W. Preston Baltimore Md		Title	
Rm SS-6	3. Phone 383-3539	4. To: State Records Ce	
5. Signature: (Agency Of Alberta & Dou	ficial)	6. No. of Cu.Ft.	
Location Box (Center) Numbers	Description With Inclus	of Records ive Dates	10. Disposal Authority (Schedule and Item No.
R26 2 517	Supply Charge sheets	1977 F Y	1982 • • • 930 15
			July 1982
	130 Plain Unlined Paper F		-

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygeiene

Reporting Agency

Fiscal Operations

81W277

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records		rizotian isposo!	Inclusive			
	Include Title and/or Form Number	Retention Sched: No.		Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposol	Method af Disposal
	Blue Cross Sheets, Transmittal Sheets, LWOP's Sheets, Special Payments, Distribution of Charges, Termination Lists, Change Sheets,	930		FY 1977	7	6-83	Recycled
	ETR & Payroll Journal for Unit 32.01.16	•					
							-
•		· ·					

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

RECORDS TRANSMITTAL			Complete at State Records Center		
			Accession No.	Date Received	
- al		RECEIPT	811277	4-3.81	
and the second statement of th	Name, Divis:	ion, Address or Agency)	Signature		
Dept. of		Mental Hygiene			
Baltimore			Title		
2. Building		3. Phone	4. To: State Records C	ontor	
O'Connor B Street Ser	vice Leve	383-6862			
Room #SS-			Wate	100	
5. Signatur		Δ	6. No. of Cu.Ft.		
Alerro	e a.Mos	exissette-chesley	. 7		
7.Records Location	8. Box	9. Description		10. Disposal Authority	
(Center)	Numbers	With Inclus	ive Dates	(Schedule and Item No.)	
RIOS	1	Fiscal 1977Blue Cro to 6/30/77. Transmit		930	
S22		to 6/30/77. L.W.O.P.	'S. Sheets 7/1/75	100	
	2 V S.	t0 6/30/76., 7/1/76 to 6/30/78. Special		1983	
1.5		6/30/77. Distributio	on of Charges 7/1/76		
X2)	(Corport)	to 6/30/77. Terminat 6/30/77. Change Shee	ets 7/1/76 to 6/30/77	July	
		ETR & Payroll Journa.	1 for Unit 32.01.16	1.22	
	2	Fiscal 1968to 1977 Payroll Checks. 7/1,		0/900	
Salarie Ja		7/1/68 to 6/30/69, 7,	/1/69 to 6/30/70,		
		7/1/70 to 6/30/71, 7, 7/1/72 to 6/30/73, 7,	/1/71 to 6/30/72, /1/73 to 6/30/74,	1983	
		7/1/74 to 6/30/75, 7, 7/1/76 to 6/30/77.			
		Stop PaymentFiscal	1970 to 1977, 7/1/69		
		to 6/30/70, 7/1/70 to 6/30/72, 7/1/72 to 6,	o 6/30/71, 7/1/71 to	1983	
		6/30/74, 7/1/74 to 6,	/30/75, 7/1/75 to	1903	
		6/30/76,7/1/76 to 6/3	30/77.		
	3	Emergency Payroll Cop 6/30/77. Overtime Vo		1983	
	1.1.1	6/30/77. Shift Diffe		1703	
		Fiscal Year 1977.			
	4	7/1/76 to 6/30/77Si Vouchers.	pecial Payroll		
		32.02.01-Dept. of Ju		1000	
S. 6 (1. 1)		32.01.01-Office of the 32.01.01-Board of Rev	view	1983	
		32.01.03.51-Allegany	County Health Dept.		
		(Use Plain Unlined Paper H	For Continuation Pages)		

(Use Plain Unlined Paper For Continuation Pages)

RECORDS TRANSMITTAL			Complete at State Records Center		
	<u></u>	RECEIPT	Accession No.	Date Received	
۰. · ·					
1. From: (Name, Division, Address or Agency) Dept. of Health & Mental Hygiene			Signature		
201 W. Pre Baltimore,			Title		
2. Building O'Connor B		3. Phone	4. <u>To</u> : State Records C	enter	
Street Ser Room #SS		1 383-6862			
5. Signature	_	\$	6. No. of Cu.Ft.	7	
Alera	e a.Mor	essette-chesley			
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus		¹⁰ . Disposal Authority (Schedule and Item No.)	
	4 cont'd	32.01.40-Health Serv 32.07.00-Commission 32.06.00-Board of Der 32.08.00-Board of Mer 32.10.00-Board of Ph 32.11.00-Board of Ex 32.12.00-State Board 32.13.00-Board of Ex 32.14.00-Board of Ch 32.15.00-Board of Ph 32.17.00-Board of Ex 32.19.00-Board of Po 32.21.00-Board of Ex	er Co. Health Dept. Co. Health Dept. o. Health Dept. r Co. Health Dept. ve Medicine Admin. e Program. s Administration. al Health Admin. ealth. ene Admin. lanning & Dev. Agency ices Cost Review Com on Physical Fitness ntal Examiners. dical Examiners. dical Examiners. armacy. aminers of Nurses. of Funeral Director aminers in Optometry teopathic Examiners. iropractic Exam. ysical Therapy Exam. aminers of Psycholo. diatry Exam. of MD am. of Nursing Home istrators. am. for Audiologists Hereditary Disorder al Disabilities. cial Work Examiners.	1983	

(Use Plain Unlined Paper For Continuation Pages)

RECORDS TRANSMITTAL	Complete at State	Records Center	
AND RECEIPT	Accession No.	Date Received	
1. From: (Name, Division, Address or Agency) Dept. of Health & Mental Hygiene 201 W. Preston Street Baltimore, MD 21201	Signature Title		
2. Building and Room O'Connor Bldg. Street Service Level Room #SS-6 3. Phone 383-6862	4. To: State Records Center		
5. Signature: (Agency Official)	6. No. of Cu.Ft.		

Decene allockessette - chesley

7.Records Location (Center)	8. Box Numbers	9. Description of Records With Inclusive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)
	5	Exception Time Report & Payroll Journal Unit 32.01.03.	1983
	6	Exception Time Report & Payroll Journal Units32.02.01 & 32.01.19.	1983
		Exception Time Report-Unit 32.01.20.	
	7	Exception Time Report & Payroll Journal Units32.01.04, 32.01.05, 32.01.06, 32.01.07.	1983
		1	

CERTIFICATE OF RECORDS DISPOSAL

Dept	. Health & Mental Hygiene						
Reparting Agency Fiscal Operations 81W269 Division or Bureou			1		X	PREPARE IN DUPLICATE Retain one capy and forward original to above address	
No.	Description of Records		orizațion lisposo!	Inclusive			
·	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Dispased of	Volume (Cubic Feot)	Date of Disposal	Method af Dispasal
1-3	Transmittals Pink Payment Vouchers BD.11	930	1A	FY 1977	3	6-83	Recycled
				·			· · .

I hereby certify that the above listed records were disposed of as indicated.

Signature

ŝ

	Contraction of the local data and the local data an	TRANSMITTAL		
		RECEIPT Fiscal & Support	Accession No.	Date Received
	AND I	RECEIPT		1 4
			812269	4-3-81
1. From: (Name, Divisi	ion, Address or Agency)	sighature A	1 .) 0
	Health and	Mental Hygiene	Paul C. Dam	LU SONGIB
	201 W. Pres Baltimore N		Title A	· A
			Reent Cente	- Manager
	and Room	3. Phone	4. To: State Records C	
Rm ss-	or Bldg	383-3539	10: State Records C	enter
-44 55-	0	202-2223		late la
5. Signatur	e: (Agongi	Official)		ala 100
or orginatur	c. (Agency	official)	6. No. of Cu.Ft.	
All +	10 0			
Albert	RA	Journey	-3	
7. Records	8.	9.		
Location	Box	Description	of Records	10. Disposal Authority
(Center)	Numbers	With Inclus	ive Dates	(Schedule and Item No.)
DI				
R105	3	TRANSMITTALS	1977 Fy	1982
521				
			Juvenile services	
	1. C.	box 2 04,0	05,06,07,16 18,19,20,32,39,40	· ·
1,5			oards	- 930
Y41.	1000		k payment vouchers BD.11	100
1				10
1				1H
1.221				1 /
				Jung
E LA ELA		And the state of the state		
				1982
Constant of				1900
				Electron and the second
	12 N/N 1			
6.				
	120100			
Part of the second				The second second second
		A REAL PROPERTY OF A READ PROPERTY OF A REAL PROPER		
	1.1.1.1.1.1.1.1		2.1.1.7.7.6.4.0.1246, 1.23	
		A DESTRUCTION OF THE OWNER		
P.C. I. C.		CONTRACTOR OF A DURING STOLEN		
LOID LE LE		(1) 32.37 (20)		
1.5.6			CARL PROPERTY AND	
		(Use Plain Unlined Paper 1	For Continuation Pages)	

CERTIFICATE OF RECORDS DISPOSAL

Dept.	Health	&	Mental	Hygiene	
					_

Reporting Agency

Fiscal Operations Division or Bureou 81W272

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Author For Di	Authorization For Disposol				Method of Disposol
	Include Title and/or Form Number	Retention Item Sched. No. No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal		
1-9	Pink Payment Vouchers Unit O3 Local Health	930	1E	FY 1977	9	6-83	Recycled
•							

I hereby certify that the above listed records were disposed of as indicated.

Signature

. . .

Dote

	TU.CONDS -	TRANSMITTAL	D	
	AND I	RECEIPT FISCAL SUPPORT OPERATIONS	Accession No. 816272	Date Received 4-3-8/
From: (Name, Divisi	ion, Address or Agency) ental Hygiene	signature of	lundo
2:	01 W. Presto	on St. Genual Accts	Tito	amausing
	altimore Md	accustagable	Hecord Ce	ter Manager
	and Room nor bldg	3. Phone	4. To: State Records ('enter
Rm ss-		383-3539		
5. Signatur	e: (Baana:	Official)		ilou
o. orginatur	e. (Agency	Official)	6. No. of Cu.Ft.	
	te R h		9	
Records Location (Center)	8. Box Numbers	9. Description With Inclus		10. Disposal Authority (Schedule and Item No.)
R105				
521	9	Pink payment vou unit 03 Loca		1982
JAY				
		box 1 1-1 box 2 179		020
-		box 3 398 box 4 490		730
105		box 5 69'	78-8182	10
Y2)		box 6 818 box 7 999		12
		box 8 11'	719-13109	
	1 340.	box 9 13.	110-14050	July
				00
				1982
1000				
Barris State	291			
				•
2				
	105 101			

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations

Division or Bureou

81W274

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		Inclusive Dates of Records			
	Include Tisle and/or Form Number	Retention Sched, No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposal	Method of Disposal
1-3	Unit 04 Pink Payment Vouchers	930	1E	FY 1977	3	6-83	Recycled

I hereby certify that the abave listed records were disposed of as indicated.

Signature

PS - 789 DGS - RM - 2

	RECORDS 1	IRANSMITTAL		ie necordo center
	AND	RECEIPT	Accession No.	Date Received
and and a second s			81W274	4-3-81
1. From: (Name, Division, Address or Agency) Health and Mental Hygiene			Signature / Van	hunche
te yan murati dipathana	201 W. Pre	ston St. Fipall & Support	Title	unser Mp
2. Building	Balto Md	21201	Called Center	· Illanager
-	and Room nor Bldg	3. Phone	4. To: State Records (Center
Rm ss-	-6	383-3539	Wat. 1	10
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	10
<u>All</u>	t. P.	Danie	3	
7.Records	8.	Nowney		
Location (Center)	Box Numbers	9. / Description With Inclus	of Records sive Dates	10. Disposal Authority (Schedule and Item No.)
RIOS				2000
Sal	3	Unit 04 Pink Payn	nent Vouchers 1977 FY	1982
50.1			1273	
		Box 2 12 Box 3 280	00-3358	930
1.0.				150
197				
				12
				July
				00
				1982
				1100
		A STORE STORES		
248				
	1000			
		10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	1./=			
				1984 (1997) (1997) 1998 - Maria Maria (1997)

CERTIFICATE OF RECORDS DISPOSAL

	pt. Health & Mental Hygiene Reporting Agency scal Operations 81W	268		· · · ·	T	PREPARE IN D	and the second design of the	
	Division or Bureou				х. — Ч	Retain ane copy original ta abave	and forward oddress	
No.	Description of Records	Autho For D	rization lisposal	Inclusive	1			
	Include Title and/or Form Number	Retentian Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol	
							·	
1-	4 Unit 07 Pink Payment Vouchers 1-1481	930	1E	FY 1977	4	6-83	Recycled	
,								

I hereby certify that the above listed records were dispased af as indicated.

Signature

Accession No. Date Received AND RECEIPT 68 1. From: (Name, Division, Address or Agency) Health and Mental Hygiene 201 W. Preston St weak + Baltimore Md 21201 2. Building and Room O'Connor 3. Phone 4. To: State Records Center RM SS-6 383-3539 5. Signature: (Agency Official) 6. No. of Cu.Ft .Records 8. 9. 10. Disposal Authority Box Description of Records Location Numbers With Inclusive Dates (Schedule and Item No (Center) RIOS Unit 07 pink payment vouchers 1977 FY Box 1 1-343 4 1982 521 box 2 344-803 box 3 804-1211 box 4 1216-1481 (Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations 81W273 Division or Bureou PREPARE IN DUPLICATE

Retain one copy and forward original to above address

N		Authorization For Disposal		inclusive Dotes of Records			······
No.	. Description of Records Dotes of R Include Title ond/or Form Number Retention Item Dispose Sched. No. No.		Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol	
1-3	1-3 Unit 05 Pink Payment Vouchers 1-2716		1 E	FY 1977	3	6-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signature

1

÷

Date

PS - 789 DGS - RM - 2

	RECORDS	TRANSMITTAL	Comprete at State Actorus Center			
	AND	RECEIPT Fiscal & Support	Accession No.	Date Received		
		<u>NECEIPT</u> SACKE Support	814273	4-3.81		
1. From: (Name, Divis: Health and	ion, Address or Agency) I Mental Hygiene	Signature	1		
	201 W. Pre	ston St.	Title	moerings		
12-2-1	' Balto Md	1	Lecord Cer	ter - Manager		
	Bidg Room	3. Phone	4. To: State Records C	Contor		
Rm ss-6		383-3539				
			Water	<i>N</i>		
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.			
Alter	ta R.	Downey	3			
Location	8. Box	9. V Description	of Records	10. Disposal Authority		
(Center)	Numbers	With Inclus		(Schedule and Item No.)		
DIAC						
RIOS	3	Unit 05 Pink pay	ment vouchers 1977 FY	1982		
521		Box 1 1-9	66	3		
		Box 2 910	-1805	0.0.		
		Box 3 180	6-2716	- 930		
165						
VC/				18		
y				, _		
/				1 here		
1				Jung		
				1000		
				1982		
11 21						
		1 C				
1.1.1.1.1.1.1.1	2011					
			A Strate Strate			
		(Use Plain Unlined Paper F	For Continuation Pages)			

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations Division or Bureou

81W271

Y

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposo!		Inclusive				
	include Title and/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposat	Method of Disposol	
1-3	Unit O6 Pink Payment Vouchers	930	1E	FY 1977	3	6-83	Recycled	
:								
				• •				

I hereby certify that the above listed records were disposed af as indicated.

Signature

Date

PS - 789 DGS - RM - 2

	RECORDS 1	TRANSMITTAL	compiete at state Records Center		
		- Junglet hunget	Accession No.	Date Received	
Caller of the Caller of Caller	AND	RECEIPT Fiscal & Support Operations	8111-271	4-3-81	
1. <u>From</u> : (Name, Divisi	ion, Address or Agency) Mental Hygiene	Signatury A U	1	
	201 W. Fre	ston St. Applicat	Thul L. na	mbuson	
	Baltimore	Ma 21201 Marting	Acard Cente	r. Managar.	
2. Building	and Room Bldg	3. Phone	4. To: State Records C	Jack -	
Rm ss-6	-140	383-3539	4. 10: State Records C	enter	
			Water	00	
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.		
211	1. 10	0	2		
.Records	to K	Downey	3		
Location	8. Box		of Records	¹⁰ . Disposal Authority	
(Center)	Numbers	With Inclus	ive Dates	(Schedule and Item No.)	
R105	3	Unit O6 Pink Pay	ment Vouchers 1977 FY	1982	
521	1000		799		
1.0		box 2 80 box 3 16	0-1599 00-1813		
747			l boards	. 930	
1 .				1.50	
				12	
				Arelia	
				80	
				1982	
12					
Press and					
1-			A REAL PROPERTY.		
1.000	7.	NULL STATES			
	51112				
		1.5 1 2.6 2.5			
				and the state of	
No. Inc. P. M.	2 1.68				
		(Use Plain Unlined Paper F	or Continuation Pages)		

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

81w262

FISCAL SERVICES

No.

Division or Bureou

			··· ··· ··· ··· ··· ···				
	Description of Records	Author For Di	rizotion isposol	Inclusive Dotes of Records	Volume	Date of	Method of
;	Include Title ond/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Disposol	Disposal
1	Unit 19 pink payment vouchers	930	1E	FY 1977	1	s 5-83	Recycled
	. :		- -			,	
5							
	•						
	,						

I hereby certify that the above listed records were disposed of as indicated.

Signoture

PREPARE IN DUPLICATE

Retain ane copy and farward original to above address

/

Accession No. Date Received AND RECEIPT 81W262 (Name, Division, Address or Agency) ι. From:_ Signature . Health and Mental Hygiene 201 W. Preston St . Tit Balto. Md 21201 2. Building and Room 3. Phone O'Connor Bldg 4. State Records Center To: R_ SS-6 383-3539 Vatuloo Signature: (Agency Official) 5. 6. No. of Cu.Ft. .Records 8. 9. 10. Disposal Authorit Box Location Description of Records Numbers With Inclusive Dates (Center) (Schedule and Item N Unit 19 pink payment vouchers 1977 Fy 1 1982 Drug Abuse Same this (Use Plain Unlined Paper For Continuation Pages) 19 - 940

CERTIFICATE OF RECORDS DISPOSAL

	HEALTH & MENTAL HYGIENE Reporting Agency						
FISCAL	SERVICES 81W261		•	· · · · · ·		PREPARE IN DL	the second s
	Division or Bureou	•			γ .	Retain one copy o original to above	address
No.	Description of Records		rizotion isposo!	Inclusive Dates of Records			
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dore of Disposal	Method of Disposol
1	Units 32,39, 40 Pink Payment Vouchers						
	1-577 1-363 1-321	930	1E	FY 1977	1	5-83	Recycled
-			· · · · · · · · · · · · · · · · · · ·	н н. 1917 - Полона Салания 1917 - Полона Салания (Полона)			
•							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

••

and the second s		BEGRAD	Accession No.	Date Received
	AND	RECEIPT	81W261	4-1-81
1. From:	Name, Divis;	ion, Address or Agency) ental Hygiene	Signature	
	01 W. Fresto	on S ₊ .		
····	altimore Md	21201	Title	1
= 2. Building O'Connor	r Bldg	3. Phone	4. To: State Records Co	
Rm SS-6		383-3539		teloo
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	illo
A 11.1	()		o. No. of chirt.	
albert	iKN	owney	/	
7.Records	8. Box	9. Description	of Percenda	10
Location (Center)	Numbers	With Inclus		¹⁰ .Disposal Authority (Schedule and Item No.
0 1				
24	1	Units 32,39,40 Pink	k payment vouchers 1977FY	1982
121		unit 32 1-5	577	4 -
(32		unit 39 1-3 unit 40 1-3	363	.000
J		unit 10 1-5		930
			A BAR SHA	10
Yas				12
11				A. he
				Jug
	·		1,24 ⁴ 1,14 1,51 5,61	1982
1.4				1100
			11000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
				State of the state
	1000			
1133	1.1.1.2			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
100				
		Sta bott West		and the second
		(Use Plain Unlined Paper Fo	or Continuation Pages)	

.

4	DS TRANSMITTAL	Accession No.	Date Received
	ND RECEIPT	82.00120	8-10-81
-1. From: (Name, Di HEALTH & MENTAL	vision, Address or Agency)	Signature .	
201 W. PRESTON BALTIMORE, MD	ST EET	Title	
2. Building and Roc O'CONNOR BLDG		4. To: State Records C	
RM SS6	383-2951	1	
5. Signature: (Age	Junt	6. No. of Cu.Ft.	
7.Records8.LocationBox(Center)Numbe		n of Records Sive Dates	10. Disposal Authority (Schedule and Item No.)
6 Boxes 231. YES	Cash Receipts #5 Unit Ol-Ol, except Vi #7 Units 5 & 6 detail p slips #8 Units 16 thru Board #9 Vital Records & part #10 Unit O5 July thru I #6 Receipt books, detai Feb. & March	papers, all deposit 321100 ; of Unit 05 Dec. & April	1983 930 1E Juby 1983

CERTIFICATE ΟF RECORDS DISPOSAL

<u>Dept. Health & Mental Hygiene</u>

Fiscal Operations

Reporting Agency

	81W286
Division or Bureou	



Retain one copy and forward original to above address

No.	Description of Records	Authorization For Dispose!		Inclusive			
	Include Title and/or Form Number	Retention Sched, No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Methad of Dispasal
1-2	Working Fund Files #1 Closed Petty Cash, travel Advances, P.C. Vouchers, A/C rec. reports, W.F. deposit slips	930	1E	FY 1978	2	6-83	Recycled
·	#2 Receipts						

I hereby certify that the abave listed records were disposed of as indicated.

Signature

Date

	RECORDS	TRANSMITTAL		
	AND	RECEIPT	Accession No.	Date Received
ana	AND	RECEIPT	812286	4-3-81
1 <u>From</u> : ((Name, Divis.	ion, Address or Agency)	Signature	
E HEALTH	& MENTAL HY	TENE		
201 W.	PRESTON ST.		Title	
2. Building	ORE MB 2120 and Room	3. Phone		 เป็นแปลงที่เป็นสารระบบสารการและเป็นสินชื่อเป็นของที่สืบสินชื่อเป็นข้างเป็นสารการการการการการการการ
O'CONNOR			4. To: State Records C	enter
RM. SS6			Wate	uloo
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
	1	Hunt	2	
7.Records Location	8. Box	9. Description	n of Records	10. Disposal Authority
(Center)	Numbers	With Inclus		(Schedule and Item No.)
Rind	2 Boxes	0	978 FFY	1983
R105			travel advances, P.C. reports, W.F. deposit	
523		slips	reportes, mere deposite	
		Ho Decolate		
		#2 Receipts		.930
145				100
Y		S		
1	1.1			12
				July
	The second			0 0
				1983
				1900
			동생한 이모님이 있는데?	
	0.2040			
	1. S. 1. Mar.			to the second states
				and the second
			김 가장님께 쓰신지 않는 것	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
			A MARCHINE TO	
1. S.	898.20			- K. M. D. M.
				12 m of 19 months
	5.000			ALL ATEL ALL BAN
7	1.311			

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Fiscal Operations

Reporting Agency

•

81W284

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward ariginal to above address

No.	Description of Records	Autho For D	rizotion isposo!	Inclusive Dates of Records			
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Disposed of	Volume (Cubic Feet)	Date of Disposol	Method of Disposal
1-2	Centrex Tickets	930	1E	FY 1978	2	6-83	Recycled
•							
a -							

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

	RECORDS T	TRANSMITTAL	Accession No.	Date Received
	AND F	RECEIPT	81 W 284	4-3-81
l. From: (I	Name, Divisi Health and 201 W. Free Balti ore M	Lon, Address or Agency) Mental Hygiene Ston St. Md 21201	Signature Faul C. Le	mbuspage
2. Building O'Connor B Rm ss-6		3. Phone 383-3519	4. To: State Records C	Center ateclo
5. Signature Albert	e: (Agency $t_{a} R A$		6. No. of Cu.Ft.	
Location (Center)	8. Box Numbers	9. Description With Inclus	a of Records sive Dates	10. Disposal Authority (Schedule and Item No.)
Center) RIOS Sa3 Yas	2 Numbers	Centrex Tickets		1983 930 12 Juny 1983
		(Use Plain Unlined Paper		

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT.	HEALTH & MENTAL HYGIENE						
FISCAL	Reporting Agency SERVICES 80B2 Division or Bureou		÷.		,	PREPARE IN DL Retain one copy o original to above	
No.	Description of Records Include Title ond/or Form Number	Autho For D Retention Sched. No.	rizotion isposol Item No.	Inclusive Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol
1-6	Clinic Reports - Forms 247 & 247A.	930	1G	Sept.1978- Feb. 1979	6	5-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signature

			Complete at Sta	ate Records Center		
•	RECORDS T	RANSMITTAL	Accession No.	Date Received		
	• AND R	ECEIPT	8.0B2	8-14-79		
1. From: (N	ame, Divisi	on, Address or Agency)	Signature			
Dept. of I Fiscal Ser		ntal Hygiene	Title Service Speci	alist X		
2. Building and Room O'Conor Building SS-6 3. Phone 383-3379			4. To: State Records Center Baltimore			
5. Signature	e: (Agency	Official)	6. No. of Cu.Ft. 7 Cu. Ft. (Appro	z.)		
7.Records Location (Center)	8. Box Numbers	9. Description With Inclus	of Records live Dates	10. Disposal Authority (Schedule and Item No.)		
RANGE #33 Section #31	1 thru 6	September 1, 1978 thr	a February 28, 1979	1985 930 16 July 1981		
		2887	-2892			

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE RECORDS DISPOSAL OF

Dept. Health & Mental Hygiene

Reporting Agency

Fiscal Operations

Division or Bureou

81W276

PREPARE IN DUPLICATE

Retain ane copy and forward ariginal to abave address

No.	Description of Records Include Title ond/or Form Number	Authorization For Disposal Retention Item Sched. No. No.		Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposat	Method of Disposal
1–10	Expense Accounts	930	1E	FY 1978	10	6-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

Health & Men 201 W. Prest Baltimore, M 2. Building and 0'Connor Bld Rm SS6 5. Signature:	AND RECEIN Division, 2 tal Hygiene on St. d. 21201 Robm 3. g.	Address or Agency) Jusciel & Support Phone 122-2294 cial)	Accession No. 81 W 276 Signature Title 4. To: State Recon Wat 6. No. of Cu.Ft. 10	4-3-81
DOCULIOII	Box 9.	Description With Inclus	n of Records Sive Dates	10. Disposal Authority (Schedule and Item No
R105 10 522	Box	ense Accounts 1 - Unit 01,05 2 - Unit 03 V-11242- 3 - Unit 03 V-5461-1 4 - Unit 04 V 5 - Unit 03 V-209-54 6 - Unit 16 7 - Unit 06,07,18,19 8 - Unit 32.02.01, V 9 - Unit 32,39,40, A 10 - Unit 32.02.01 V-	1241- 60 ,20,23 -213-6663 .11 Boards	1983 ** 930 12 July 1983

.

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

ĸ.

Division or Bureou

82W102

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Autho For D	rization isposo!	Inclusive Dates of Records			
	Include Title and/or Form Number	Retention Sched. No.	item No.	Dates of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposot
4	GAS TICKETS	930	1E	FY 1978	4	5-83	Recycled
· .							
							· · ·
~							

I hereby certify that the abave listed records were disposed af as indicated.

Signature

Date

	RECORDS	TRANSMITTAL	<u> </u>	
		PECETDE	Accession No.	Date Received
· · ·		RECEIPT	82 W 102	8-7-81
1. <u>From</u> : (Name, Divisi	ion, Address or Agency)	Signature	
	201 W. Pre	d Gental Hygione eston St.		
	Balto Ma	21201	Title	n - Nie 1975 Oansternen, oorwerkel was staten aan
2. Building C'Conn	or Bldg	3. Phone	4. To: State Records C	and the second second from the second s
Rm as-6	0	333539	- //	
E Cignotur	(2		ya	asup
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
alher	the R Du	owney	4	
Location	8. Box	9. Descriptio	n of Records	10. Disposal Authority
(Center)	Numbers	With Inclu.	sive Dates	(Schedule and Item No.)
R 26 5 11 125.	4	Gas Tickets 1978	Γ.	1983 930 1E July 1983

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

Dept. H	ealth & Mental Hygiene	. ·					
Reporting Agency Fiscal Operations 81W279 Division or Bureou		4		ų – ¹	PREPARE IN DUPLICATE Retain ane copy and forward original to above address		
No.	Description of Records Include Title ond/or Form Number	Autho For D Retention Sched. No.	prizotion lisposal Item No.	Inclusive Dates of Records Dispased of	Valume (Cubic Feet)	Date of Disposat	Method of Disposal
1-6	Warrants Juvenile Serv.	930	1A	FY 1978	6	6-83	Recycled
5							

I hereby certify that the above listed records were disposed of as indicated.

.

Signature

AND RECEIPT 1. From: (Name, Division, Address or Agency) Health and Mental Hygiene 201 W. Preston St. Balti ore Md 21201			Accession No. 81W279 Signature Title	Date Received 4-3-81
2. Building and Room O'Connor bldg Rm ss-6 383-3539 5. Signature: (Agency Official) Alberta R Downey			 4. <u>To</u>: State Record Water 6. No. of Cu.Ft. 	s Center
	Box Numbers	9	n of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)
522 YES.	6	box 1 01, box 2 05, box 3 16, box 4 box box 5 40,	06,07 ,18,19,20 ards 4-16 ,boards 17-28 venile serv. 32,39	1983 930 1A Jung 1983

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

 FISCAL SERVICES
 82W9/4
 PREPARE IN DUPLICATE

 Division or Bureou
 Retoin one copy and forward original to above address

No	Description of Records Include Title and/or Form Number	Authoi For Di Retention Sched. No.	rization sposal Item No.	Inclusive Dates of Records Disposed of	Valume (Cubic Feet)	Dote of Dispasal	Method of Disposal
1-2	Personal Car Mileage	930	1E	FY 1978	2	5-83	Recycled
							· · ·
				- -			
			4. 	-	,		
• • •						- - - -	

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

THEFT A AS A CONSIGNATION Accession No. Date Received AND RECEIPT 8 7-01 From:_ (Name, Division, Address or Agency). 1. Signature Health & Menatl Hygiene 201 W. Preston St. Title Baltimore, Md. 21201 - 2 .- Building and Room 3. Phone 4. State Records Center To: O'Connor Bldg. Rm. SS6 11 5. Signature: (Agency Official) No. of Cu.Ft. 6. vce havis .Records 8. 9. 10. Disposal Authority Box Description of Records Location Numbers With Inclusive Dates (Schedule and Item No (Center) 1978 FY 1983 Personal Car Mileage 2 Boxes A 4 ukg 198-(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

81W260

FISCAL	SERVICES		
		-	

Division or Bureau

PREPARE IN DUPLICATE

Retain ane capy and forward original to abave address

No.	Description of Records Include Title ond/or Form Number	Author Far Di Retention Sched. No.	rizoti on ispasal Item No.	Inclusive Dotes of Records Dispased of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposol
1	Pink Payment Vouchers Unit 18, 19, 32, 40 Inclusive	930	1E	FY 1978	1	5-83	Recycled
	· · ·						
	ι					-	
	i de la construcción de la constru La construcción de la construcción d						
	3						

I hereby certify that the above listed records were disposed of as indicated.

Signoture

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reparting Agency

82W115

.

FISCAL SERVICES

٠.

Divisian ar Bureau

PREPARE IN DUPLICATE

Retain one capy and farward ariginal to above address

Na.	Description of Records	Autharization For Dispasal		Inclusive Dates of Records Discosed of	Volume	Dote of	Method of
	Include Title and/or Form Number	Retentian Sched. No.	item Na.	Disposed of	(Cubic Feet)	Dispasal	Disposol
5	Unit 01 Pink Payment Vouchers 1-4844 State Use Emergency Vo. 1-342	930	1E	FY 1978	5	5-83	Recycled
•		• .					
	· · · ·						
			•				
	÷					1	

I hereby certify that the above listed records were disposed of as indicated.

Signature

Title

Date

1. From: (Name, Division Health and M 201 We Prest	eceipt on, Address or Agency) ental Hygiene	82 W115	8-7-81
201 We Prest	on, Address or Agency)		
Bultimore Md	on St.	Signature Title	
2. Building and Room O'Connor Bldg Rm ss-6	3. Phone 083-3539	4. <u>To:</u> State Records C	enter
5. Signature: (Agency Outberta R		6. No. of Cu.Ft.	
Location Box (Center) Numbers	9. J Description With Inclus	n of Records sive Dates	¹⁰ Disposal Authority (Schedule and Item No.)
F28. 514 Y25!	box l 1-1 box 2 lo ² box 3 201 box 4 34 box 5 40 Str ema	89-2215 19-3454 55-4640	14.83 930 IE Jul 1983

£ .

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

Division or Bureau

82W100

PREPARE IN DUPLICATE

1

Retain one copy ond forward original to above address

					•		
No.	Description of Records Include Title ond/or Form Number	Authorization For Disposal Retention Item Sched. No. No.		Inclusive Dotes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposal
2	Unit 05 Pink payment Vouchers 1-2789	830	112	FY 1978	2	5-83	Recycled
		н.					
· ·			:				
· · ·							

I hereby certify that the obove listed records were disposed of os indicated.

Signoture

	ICICORDS 1	IGHISTILLIND		Accession No.	Date Received
	AND R	ECEIPT	/	82 W 100	8-7-81
				Signature	
From: (S	lame, Divisi	on, Address or Agency	CY) (1	Signacure	
	ealth and Prest	ental Hygiene		Title	
e B	altimore Md	21201			
. Building		3. Phone		. To: State Records	Conter
OlConnor		701 7570	4	- / \	
rm 35-6		383-3539		Jess	up
	(2	Official		No. of Cu.St.	1
. Signature	e: (Agency	Urricial)). No. 01 0000	
000	. 10	0		X	
Alber	ta R	Downey			
Records	8.	To		C. D	10. Disposal Authority
Location	Box	J Descr	Inclusiv	of Records ve Dates	(Schedule and Item No.)
(Center)	Numbers	WI GIT	Includi		
				1078 TV	1.983
0,26	2	Unit 05 Pi:	ink payme	nt vouchers 1978. Fy	4
Kar		box	< 1 1-923	5	
110		box	x 3 1753-	-2789	920
510		10 10 10 10 10 10 10 10 10 10 10 10 10 1			830
R26 516		1			
					IF
Vas	1.				IF
1-	1.000				
/					Auto
	1.1.1				180
					1083
	1.5.1.2.2				190-
		1250757.1251			
	1.	Sheet Profession			
	1.00				a second a second
	1.	1			
	1	a the state of the			
	12	and the second second			
		A LEAR MAN			
				Por Continuation Dages	

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

FISCAL SERVICES

Reporting Agency

82W99

PREPARE IN DUPLICATE Retain one copy and forward r original to above address

Division or Bureou

	Description of Records	Authorizotion For Disposol		Inclusive Dates of Records	Volume	Dote of	Method of
No.	Include Title ond/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Disposol	Disposal
2	Unit 16 pink payment vouchers 1-3047 Unit 20 1-661		1E	FY 1978	2	5-83	Recycled
	、						
					-		
			:				
•		ľ					
n.	· · ·						

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Dote

	RECORDS	TRANSMITTAL	1	
	AND .	RECEIPT	Accession No.	Date Received
	AND	RECEIPT	82 W 99	8-7-81
1. <u>From</u> : (ion, Address or Agency)	Signature	
		Mental Hygiene	TIAL	
	201 W. Pres Baltimore	d 21201	Title	
2. Building O'Connor		3. Phone	4. To: State Records C	un de la companya de La companya de la comp
Rm ss-6	orug	383-3539	. <u>10</u> . State Records C	encer
			Jessup	
5. Signature	e: (Agency	Official)	6. No. of Cu.Ft.	
alberte	CR.	Downey	2	
Location	8. Box Numbers	9. Description With Inclus	of Records	10. Disposal Authority
(Center)	Numbers	with inclus	ive Dates	(Schedule and Item No.)
Dal	2	Unite 16 pink pa	yment vouchers 1978 Fy	1983
R26				
C.1		box 1 1-2 box 2 249	498 9-3047	
210			t 20 1-661	920
0	1.11			150
Vics				IE
12/	62 H 31			July
·				July
		1.		1983
				//0-
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		10.54 (St. 1985) St. 19		
				and the second states
			and the second second	
		Marshall In		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			145 Y	
		1971 Tel 18 Ac		

(Use Plain Unlined Paper For Continuation Pages)

CERTIFICATE OF RECORDS DTSPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES 82W98 Retain one copy and forward original to above address

No.	Description of Records	Authorizotion For Disposol		Inclusive Dates of Records	Volume	Dote of	Method of
	Include Title ond/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Disposol	Disposal
	Transmittals #1 01, boards, cover sheets #2 04,05,06,07 #3 16, 18,19,20,32,39,40 and emergencies #4 Juvenile Services	930	1A	FY 1978	4	- 5-83	Recycled
		-		- -			-4
							<i>3</i>

I hereby certify that the above listed records were disposed of as indicated.

÷.

Dote

• From: (Namé, Divisi Health and 201 W. Pres Baltimore M • Building and Room • Connor bldg Rm ss-6		Accession No. <u>88</u> W 98 Signature Title 4. To: State Records Co 6. No. of Cu.Ft. 4	
.Records Location (Center) 8. Box Numbers	9. Description With Inclus	n of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)
R26 S16. Y2S	box 2 04 box 3 16 em box 4 Ju	1978 fy , boards, cover sneets , 05, 06, 07 , 18, 19, 20, 32, 39, 40 and ergencies venile services	1983 930 14 July 1983

·s - 980

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

-Fiscal Operations	81W275
Division or Bureou	·

PREPARE IN DUPLICATE

Retain one copy and forward ariginal to above oddress

No.	Description of Records	Authorization For Dieposal		Inclusive			
	Include Title ond/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
1-9	Local Health Unit O3 Pink Payment Vouchers						
	1–15216	930	1E	FY 1978	9	6-83	Recycled
+							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Dote

RECORDS	TRANSMITTAL		e Recolus center
AND	RECEIPT	Accession No.	Date Received
		-81 W275	4-3-81
Health and 201 W. Pr Baltimore	ion, Address or Agency) Mental Hygiene eston St. Fuscal & Md 21201 Support	Signature Poul C. Title Pecul Con	Lambusny B to Maraly C.
2. Building and Room O'Connor Bldg Rm ss-6	3. Phone 383-3539	4. <u>To</u> : State Records C Waterloo	
Alberta K.		6. No. of Cu.Ft. 9	
7. Records8.LocationBox(Center)Numbers	9. Description With Inclus	n of Records sive Dates	10. Disposal Authority (Schedule and Item No.)
R105 521-22 195 195 2-32 8-32 5-32 197 197 197 197 197 197 197 197 197 197	Local Health Unit 03 Pink Box 1 1-1474 box 2 1475-3383 box 3 3384-5131 box 4 5132-6585 box 5 6586-8018 box 6 8019-9515 box 7 9516-1123 box 8 11237-135 box 9 13523-153	5 5 5 5 5 2 2 3 5 5 2 2 3 5 5 5 2 3 5 5 5 5	

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency

 λ

Fiscal Operations 81W278 PREPARE IN DUPLICATE Retain one copy and farward ariginal to above eddress

No.	Description of Records	Authorization For Disposat		Inclusive Detes of Records				
	Include Title end/or Form Number	Retention Sched. No.	item No.	Detes of Records Disposed of	Volume (Cubic Feet)	Dote of Disposol	Method of Disposal	
1-7	Juvenile Services Pink Payment Vouchers 1-12855	930	1E	FY 1978	7	6-83	Recycled	
Şr. T								

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

	RECORDS	TRANSMITTAL	Complete at State Records Center		
gate of second and and			Accession No.	Date Received	
	AND 1	RECEIPT	811278	4-3-81	
1. From: (Name, Divis: ealth and Me	ion, Address or Agency)	Signature		
)1 W. Presto altimore Md		Title		
2. Building	and Room	3. Phone	4. To: State Records C	n dahu si negara disebut ne sahara ng karen darat dipang heradarit dari taran.	
O'Co Rm ss-	onnor Bldg	383-3539			
			Wa	tuloo	
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.		
	ente 12	Downey	7		
2.Records Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	10. Disposal Authority (Schedule and Item No.)	
R10.5					
	7	Juvenile Services Pink F	Payment Vouchers 1978 FY	1983	
522		Box 1 1-2			
			+4-4300 01-6234	930	
La Tak		box 4 623	35-7192		
		box 5 726 box 6 947		18	
		box 7 117	702-12855		
here and here				Leche	
				Juz	
				1983	
			5-2-1-2 L - 1-		
Date of the set					
AN TANK					
		1.2.5 1.4 1.4.5 1.4.			
				The states of the	
		(Use Plain Unlined Paper F	For Continuation Pages)		

CERTIFICATE RECORDS DISPOSAL OF

Dept. Health & Mental Hygiene

No.

*

.

Reporting Agency

Fiscal Operations Division or Bureou

81W282

X

PREPARE IN DUPLICATE

Retain one copy and forward original to above address Authorization For Disposal Inclusive Description of Records Dotes of Records Volume Include Title ond/or Form Number Dote of Method of Retention Disposed of (Cubic Feet) Item Disposal Disposol Sched. No. No. 1 - 4Unit 07 Pink Payment Vouchers 1-1865 Unit 39 1-461 930 1E FY 1978 4 6-83 **Reyclced**

I hereby certify that the above listed records were disposed of as indicated.

Signoture

.

Title

	RECORDS 1	TRANSMITTAL	1	
AND RECEIPT			Accession No.	Date Received
	AND I		81 (1) 282	4-3-81
l. From: "(Name, Divisi	lon, Address or Agency)	Signature	<u> </u>
	lealth and M 201 W. Prest	ental Hygiene		
	Baltimore Md	21501	Title	
2. Building O'Connor		3. Phone	4. To: State Records C	enter
Rm ss-f	5	383-3539		
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	1
n11 -	6 10	10	4	6
albert	NR.	Downey		5 . VI (
.Records	8. Box	9	of Records	10. Disposal Authority
Location (Center)	Numbers	With Inclus		(Schedule and Item No.)
R+65	4	Unit 07 Pink pay	ment vouchers 1978 FY	1983
RIO		box 1 1-5		
		box 2 587	2-1094	020
5-22		box 3 109 box 4 154	95-1546	930
			lt 39 1-461	
				12
Vas				
				July
1		1 . 5 ALC 1. 5		50
				1983
				1700
0.1112.2				
ALCONTR.				
			Alter States and	
			이상 방법 이 가지 않는 것	
			TRACE OF A REAL PROPERTY OF	
			1.35 1.31	
5722				
			1 B. R. S	
		1 A A A A A A A A A A A A A A A A A A A	1.271.73.14	
		(Use Plain Unlined Paper F	For Continuation Pages)	

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Reporting Agency Fiscal Operations 81W283			•	\mathcal{A}		PREPARE IN DUPLICATE	
	Division or Bureau	<u> </u>			1. State 1.	Retain one copy original to above	and torward address
No.	Description of Records		rizotion lisposol	Inclusive Dates of Records			
	Include Title end/or Form Number	Retention Sched. No.	ltem No.	Dates of Records Disposed of	Valume (Cubic Feet)	Date of Disposal	Method of Disposal
1-3	Unit 06 Pink Payment Vouchers 1-1929	930	1E	FY 1978	3	6-83	Recycled
•							
۲. ۲. ۲.							

I hereby certify that the above listed records were disposed of as indicated.

Signoture

. . .

Title

	RECORDS	TRANSMITTAL	Compiete at Stat	e Records Center	
(3			Accession No.	Date Received	
and an and a second	AND 1	RECEIPT	81W.283	4-3-81	
1. From: (Name, Division, Address or Agency) Health and Mental Hygiene			Jaul C. Lan	hersongob	
	201 W. Prest Baltimore Md		Record Cente	r Marall	
2. Building O'Connor Rm ss-6		3. Phone 383-3539	4. TO: State Records Center Wateloo		
5. Signatur	n R R	Official)	6. No. of Cu.Ft.	3	
Z.Records Location (Center)	8. Box Numbers	9. Description With Inclus	a of Records sive Dates	10. Disposal Authority (Schedule and Item No.)	
R105	3	Unit O6 Pink Payr	ment vouchers 1978 FY	1983	
523		box 1 1-79 box 2 758- box 3 1549	.930		
195				12 July	
				1983	
		(Use Plain Unlined Paper F	or Continuation Pages)		

CERTIFICATE OF RECORDS DISPOSAL

Dept. Health & Mental Hygiene

Fiscal Operations

à

Reporting Agency

.

81W285

Division or Bureou

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposat		Inclusive			
	Include Title ond/or Form Number	Retention Sched. No.	item No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
1-2	Unit 04 Pink Payment Vouchers 1-3184	930	1E	FY 1978	2	6-83	Recycled
·							
			·				

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

13	RECORDS	TRANSMITTAL	Accession No.	Date Received	
F .	AND F	RECEIPT	810285		
I			Signature Title		
2. Building O'Conno: Bm ss-4		3. Phone 383-3539	4. <u>To</u> : State Records C	enter	
0	e: (Agency	Official) Downey	6. No. of Cu.Ft.		
Location (Center)	8. Box Numbers	9. Description With Inclus	n of Records sive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)	
R105 Sa3 YES	2	box 1 1- box 2 18	ment Vouchers 1978 FY -1834 335-3184	1983 930 12 July 1983	

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL OPERATIONS 75W216 Division or Bureou Prepare in DuPLICATE Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposal		inclusive Dotes of Records			
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Dotes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposol
2	Time-Keeping Records Data Processing	930			2	5-83	Recycled
						· .	
						·	
,							
•							

I hereby certify that the above listed records were disposed of as indicated.

-

Signature

Date

PS+789. DGS+RM-2

R	ECORDS TR	ANSMITTAL	Complete at Sta	ate Records Center
June C	AND RE		Accession No. 75W-216	Date Received
1. From: (Name		n, Address or Agency)	Signature	
Health & Mon			Title Records Man	nagement Technicien
2. Building and	Room	3. Phone	4. <u>To</u> : State Records Waterloo	Center
5. Signature:	(Agency O	fficial)	6. No. of Cu.Ft. 2	
LOCALION 1	Box umbers	9. Description With Inclus		10. Disposal Authority (Schedule and Item No.)
第3月26 512 発表		Tinsebeeping Records Deta Processing		930 1981

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

 FISCAL SERVICES
 PREPARE IN DUPLICATE

 Division or Bureou
 Retain one copy and forward original to above address

No.	Description of Records	Authorization For Disposol		Inclusive Detes of Records	Volume			
	Include Title ond/or Form Number	Retention Sched: No.	item Na.	Detes of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal	
1-4	Fiscal Reports	930			4	5-83	Recycled	
							· ·	
•								
ŀ.								

I hereby certify that the above listed records were disposed of as indicated.

Signoture

Date

	AND 1 Name, Division	TRANSMITTAL RECEIPT Lon, Address or Agency) 1. H 3. Phone Official)	Complete at State Records Center Accession No. Date Received 750208 Signature Title 4. To: State Records Center 6. No. of Cu.Ft.		
7.Records Location (Center)	8. Box Numbers	9. Description With Inclu	n of Records sive Dates	10. Disposal Authority (Schedule and Item No.)	
R26 514	1-4	(Use Plain Unlined Paper			

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency						• •	
FISCAL OPERATIONS LOT #-		LOT #1890	УТ #1890			PREPARE IN D	and the second
	Division or Bureau				v	Retain one capy and forward original to above address	
No.	Description of Records	Autho For D	rizotion isposat	Inclusive			
	Include Title and/or Form Number	Retention Sched, No.	ltem No.	Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
·	Enviromental Health-Unit Vouchers #30,001 thru 32,078	930	1E		1	5-83	Recycled
					:		
*							
	,						

I hereby certify that the above listed records were disposed of as indicated.

Signature

Date

	PRODUCT	TRANSMITTAL	Complete at State Records Center			
: • ,		RECEIPT	Accession No. 1890	Date Received		
1. From: (Name, Division, Address or Agency) DHMH ' FISCAL Operations			Signature Title			
2. Building	and Room	3. Phone	4. To: State Records	Center		
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.			
7.Records Location (Center)	8. Box Numbers		on of Records usive Dates	¹⁰ .Disposal Authority (Schedule and Item No.)		
R35 514 D		Environnen Voucher #30 523	Tal Health-UmiTh 2,001 Thru 32,078	930 IE 1979		
		(Use Plain Unlined Paper	For Continuation Pages)			

CERTIFICATE OF RECORDS DISPOSAL

DEPT. HEALTH & MENTAL HYGIENE

Reporting Agency

FISCAL SERVICES

81W253

Division or Bureou

PREPARE IN DUPLICATE

Retain ane copy ond forward original to above address

No.	Description of Records	Authorization For Disposol		Inclusive Dotes of Records	Volume	Dote of	Methad of
	Include Title and/or Form Number	Retention Sched. No.	ltem No.	Disposed of	(Cubic Feet)	Disposol	Disposal
1	990's Batch Wheets	930	1E	FY 1978	1-	5-83	Recycled

I hereby certify that the above listed records were disposed of as indicated.

Signoture

4

Title

	RECORDS	TRANSMITTAL	Compiete at stat	e Records Center
	Second Second		Accession No.	Date Received
	AND	RECEIPT	816253	4-1-81
1. From: (fealth and M	ion, Address or Agency) ental Hygiee	Signature	
	201 W. Pres Saltimore md	21201	Title	
	and Room	3. Phone	4. To: State Records C	
O'Conno Rm ss-6	r Bldg	383-3539	Wate	
5. Signatur	e: (Agency	Official)	6. No. of Cu.Ft.	
Alber	tu R I	Downey		
Z.Records Location (Center)	8. Box Numbers	9. J Description With Inclus		10. Disposal Authority (Schedule and Item No.)
R34 S32 Y25	1	1978 Fy 990'в Ва		1983 930 1 E July 1983

(Use Plain Unlined Paper For Continuation Pages)

-3tm

	RECORDS	RANSMITTRU	Access	ion No.	Date Received
, a s tas a f	AND R	ECEIPT 🗸	81	W260	\$-1-81
н 2	ame, Divisi ealth and M Ol WPrest altimore Md	on, Address or Agency) ental Hygiene on S 21201	Signature Title	Read	uds Net.
. Building O'Connor Rm ss-6		3. Phone 383-3539	4. <u>To</u> : Sta	and the second se	enter El loi
A	e: (Agency	<u> </u>	6. No. of C	lu.Ft.	
.Records Location (Center)	8. Box Numbers		otion of Records aclusive Dates		¹⁰ .Disposal Authority (Schedule and Item No.)
N-34 S-32, NES	1	Unit unit unit	vouchers1978 Fy 18-inclusive 19-inclusive 32-inclusive 40-inclusive		1983 930 1 E Juny 1983
		(Use Plain Unlined	Paper For Continu	ation Pages)	