

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL  
SCHEDULE**

**Schedule No. M396**

Page 1 of 2

**Agency**

City of Cambridge

**Division/Unit**  
Finance

**Item  
No.**

**Description**

**Retention**

1

Accounting Program Reports

Retain for three (3) years; then destroy.

2

Annual Budgets and Budget Amendments

Retain paper records for ten (10) years, then scan to Maryland State Archives ("MSA") standards, transfer electronic copy to MSA, and destroy paper copies.

3

Audit Reports – Includes paper records and auditor's letter

Retain paper records for ten (10) years; then scan to Maryland State Archives ("MSA") standards, transfer electronic copy to MSA, and destroy paper copies.

4

Checking, savings, and investment books, statements, deposit receipts, and canceled checks; revenue batch reports; reconciliation reports

Scan paper copies to MSA standards, then destroy. Retain electronic copy on premises three (3) years or per audit requirements, whichever is later, then destroy.

5

County, State, and Federal revenue receipts from Grants, Business Taxes, Employee Income taxes (W-2)

*Retain for 7 years and per audit requirements, then destroy.*

6

Revenue Receipts, Billings and Collections

Retain three (3) years or per audit requirements, whichever is later, then destroy.

7

General Ledger Records – all transactions from the Financial System to include ALL Accounts Payable and Receivable.

*Retain for 3 years and per audit requirements, then destroy.*

8

Paid Bills and Invoices

Retain on premises for three (3) years or per audit requirements, whichever is later, then destroy.


9	Paid Bonds and General Obligation notes to include payments on Bonds of loans to banks.	Scan paper copies to MSA standards. Retain paper copies for five (5) years, then destroy. Retain electronic copies for ten (10) years, then delete.
10	Payroll Records - Includes wage and salary history; rate of pay; payroll deductions; W-2s, W- 4s, etc.	Retain for seven (7) years after employment is terminated; then destroy.
11	Real Estate Tax records (the City taxes are paid to the County Tax Office, who in turn sends a Tax sheet of payment to City Hall listing the taxes paid by the City Residents each year.	Scan paper copies to MSA standards. Retain paper copies for five (5) years; then destroy. Retain electronic copies for ten (10) years, then delete.
12	Investment Funds records – to include PNC bank statements on our Bank Accounts.	Scan paper copies to MSA standards. Retain paper copies for five (5) years, then destroy. Retain electronic copies for ten (10) years, then delete.
Schedule Approved by Department, Agency, or Division Representative. Date <u>12/19/2018</u> Signature <u><i>Victoria Jackson Stanley</i></u> Typed Name <u>Victoria Jackson-Stanley</u> Title <u>Mayor</u>		Schedule Authorized by State Archivist Date <u>9-18-19</u> Signature <u><i>Timothy D. Boh</i></u>

Note: All scanned records are saved to the Archival Locator system.

The Archival Locator is a backup and reference system for scanned records for the City of Cambridge. Every department for the City of Cambridge, scans their paperwork to a specific FOLDER for backup and/or references by topic and location.

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>12</u></p>
<p>1. Department/Agency City of Cambridge Cambridge, Maryland</p>	<p>2. Division Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Accounting Program Reports</p>	<p>5. Earliest Year/Latest Year <u>2006</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Accounting Program Reports Item # 1.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>20 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation <u>2 Boxes</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain for 3 years, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) City Hall 1<sup>st</sup> Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located At the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention Retain for three (3) years, then destroy.</p>	
<p>19. Name and Title of Preparer <i>Shehryar</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>12</u></p>
<p>1. Department/Agency <b>City of Cambridge</b> <b>Cambridge, Maryland</b></p>	<p>2. Division <b>Finance</b></p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <b>Annual Budgets and Budget Amendments</b></p>	<p>5. Earliest Year/Latest Year <u>1998</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Annual Budgets and Budget Amendments Item # 2.</b></p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>10 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>1 Box</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain paper records for 10 years, then scan to MSA standards, transfer an electronic copy to MSA, and destroy paper copies</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) <b>City Hall 1<sup>st</sup> Floor</b></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention Retain paper records for ten (10) years, then scan to Maryland State Archives (MSA) standards, transfer an electronic copy to MSA, and destroy paper copies.</p>	
<p>19. Name and Title of Preparer <i>A. Leeberger</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>

Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		AGENCY RECORDS INVENTORY  PAGE <u>3</u> OF <u>12</u>	
1. Department/Agency City of Cambridge Cambridge, Maryland		2. Division Finance		3. Unit	
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Audit Reports			5. Earliest Year/Latest Year <u>1998</u> to <u>Present</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Audit Reports to include paper records and auditor's letters Item # 3.					
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <u>Computer</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>4 Boxes @ 1 Cu. Ft. each</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
		10. Annual Accumulation <u>1/2 Box</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>Retain paper records for 10 years, then scan to MSA standards, transfer and electronic copy to MSA, and destroy paper copies</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) City Hall 1 <sup>st</sup> Floor			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.			18. Recommended Retention Retain paper records for ten (10) years, then scan to Maryland State Archives (MSA) standards, transfer an electronic copy to MSA, and destroy paper copies.		
19. Name and Title of Preparer  Records Management Officer		20. Telephone Number 410-228-4020		21. Date <u>4/30/2019</u>	

<p>Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF <u>12</u></p>
<p>1. Department/Agency  City of Cambridge  Cambridge, Maryland</p>	<p>2. Division  Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Checking, Savings, and Investment Books, Statements, Deposit Receipts, and canceled checks, Revenue Batch Reports, Reconciliation Reports</p>	<p>5. Earliest Year/Latest Year  <u>1998</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Checking, Savings, and Investment Books, Statements, Deposit Receipts, and canceled checks, Revenue Batch Reports, Reconciliation Reports Item # 4.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm  <input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk  <input checked="" type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape  <input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume  <u>18 Boxes @ 1 Cu. Ft. each</u>  Number  <input checked="" type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation  <u>2 Boxes</u>  Number  <input checked="" type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After  <u>Scan paper copies to MSA standards, then destroy. Retain electronic copy on premises 3 years or per audit requirements, whichever is later, then destroy</u>  Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  City Hall 1<sup>st</sup> Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements  <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention  Scan paper copies to MSA standards, then destroy. Retain electronic copy on premises three (3) years or per audit requirements, whichever is later, then destroy.</p>	
<p>19. Name and Title of Preparer  <i>L. Subinger</i>  Records Management Officer</p>	<p>20. Telephone Number  410-228-4020</p>	<p>21. Date  <u>4/30/2019</u></p>

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<p>1. Department/Agency City of Cambridge Cambridge, Maryland</p>	<p>2. Division Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title County, State, and Federal Revenue Receipts from Grants, Business Taxes, Employee Income taxes (W-2)</p>	<p>5. Earliest Year/Latest Year <u>1992</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) County, State, and Federal Revenue Receipts from Grants, Business Taxes, Employee Income taxes (W-2) Item # 5.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>17 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>2 Boxes</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain paper records for 3 years, then scan to MSA standards, transfer an electronic copy to the MSA, and destroy paper copies</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) City Hall 1<sup>st</sup> Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries by location and topic.</p>	<p>18. Recommended Retention <u>Retain for 7 years and per audit requirements, then destroy.</u></p>	
<p>19. Name and Title of Preparer <i>L. Berger</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>



Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		AGENCY RECORDS INVENTORY  PAGE <u>6</u> OF <u>12</u>	
1. Department/Agency <b>City of Cambridge</b> <b>Cambridge, Maryland</b>		2. Division <b>Finance</b>		3. Unit	
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <b>Revenue Receipts, Billings and Collections</b>			5. Earliest Year/Latest Year <u>1995</u> to <u>Present</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Revenue Receipts, Billings and Collections Item # 6.</b>					
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <u>Computer</u>		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>15 Boxes @ 1 Cu. Ft. each</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
		10. Annual Accumulation <u>3 Boxes</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>Retain 3 years or per audit requirements, whichever is late, then destroy</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>City Hall 1st Floor</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</b>			18. Recommended Retention <b>Retain for three (3) years or per audit requirements, whichever is later, then destroy</b>		
19. Name and Title of Preparer <i>L. Schorger</i> Records Management Officer		20. Telephone Number 410-228-4020		21. Date <u>4/30/2019</u>	

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<p>1. Department/Agency City of Cambridge Cambridge, Maryland</p>	<p>2. Division Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title General Ledger Records</p>	<p>5. Earliest Year/Latest Year <u>1998</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) General Ledger Records to include all transactions from the Financial System, all Accounts Payable and Accounts Receivable Item # 7.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>24 Boxes @ 1 Cu. Ft. each</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>3 Boxes</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain paper records for 10 years, then scan to MSA standards, transfer electronic copy to MSA for permanent retention, then destroy paper copies</u> Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) City Hall 1st Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention <u>Retain For 3 years and per audit requirements, then destroy.</u></p>	
<p>19. Name and Title of Preparer <i>D. Beehner</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>12</u></p>
<p>1. Department/Agency <b>City of Cambridge</b> <b>Cambridge, Maryland</b></p>	<p>2. Division <b>Finance</b></p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <b>Paid Bills and Invoices</b></p>	<p>5. Earliest Year/Latest Year <u>1999</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Paid Bills and Invoices Item # 8.</b></p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>11 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation <u>2 Boxes</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain on premises 3 years or per audit requirements, whichever is later, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) <b>City Hall 1<sup>st</sup> Floor</b></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention Retain on premises three (3) years or per audit requirements, whichever is later, then destroy.</p>	
<p>19. Name and Title of Preparer <i>L. Lieberger</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>

<p><u>Instructions</u> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>9</u> OF <u>12</u></p>
<p>1. Department/Agency  City of Cambridge  Cambridge, Maryland</p>	<p>2. Division  Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title  Paid Bonds and General Obligations</p>	<p>5. Earliest Year/Latest Year  <u>1998</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Paid Bonds and General Obligations to include payments on Bonds of loans to Banks Item # 9.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume  <u>2 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation  <u>1/4 Box</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After  <u>Scan paper copies to MSA standards. Retain paper copies for 5 years, then destroy. Retain electronic copies for 10 years, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  City Hall 1<sup>st</sup> Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements  <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention  Scan paper copies to MSA standards. Retain paper copies for five (5) years, then destroy. Retain electronic copies for ten (10) years, then destroy.</p>	
<p>19. Name and Title of Preparer  <i>L. Scherzinger</i>  Records Management Officer</p>	<p>20. Telephone Number  410-228-4020</p>	<p>21. Date  4/30/2019</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u>12</u></p>
<p>1. Department/Agency <b>City of Cambridge</b> <b>Cambridge, Maryland</b></p>	<p>2. Division <b>Finance</b></p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <b>Payroll Records</b></p>	<p>5. Earliest Year/Latest Year <u>1986</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Payroll Records to include wage and salary history; rate of pay; payroll deductions; W-2's; W-4's, etc. Item # 10.</b></p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>14 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation <u>1 Box</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Retain for 7 years after employment is terminated, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) <b>City Hall 1<sup>st</sup> Floor</b></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No <b>Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</b></p>	<p>18. Recommended Retention <b>Retain for seven (7) years after employment is terminated, then destroy.</b></p>	
<p>19. Name and Title of Preparer <i>L. Scherger</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <b>4/30/2019</b></p>

<p>Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>11</u> OF <u>12</u></p>
<p>1. Department/Agency <b>City of Cambridge</b> <b>Cambridge, Maryland</b></p>	<p>2. Division <b>Finance</b></p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <b>Real Estate Tax Records</b></p>	<p>5. Earliest Year/Latest Year <u>1989</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Real Estate Tax Records (the City taxes are paid to the County Tax Office, who in turn sends a Tax Sheet of payment to City Hall listing the taxes paid by the City residents each year Item # 11.</b></p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Computer</u></p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>2 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>1/8 Box</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Scan paper copies to MSA standards. Retain paper copies for 5 years, then destroy. Retain electronic copies for 10 years, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) <b>City Hall 1st Floor</b></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall building. Entries are by location and topic.</p>	<p>18. Recommended Retention Scan paper copies to Maryland State Archives (MSA) standards. Retain paper copies for five (5) years, then destroy. Retain electronic copies for ten (10) years, then destroy.</p>	
<p>19. Name and Title of Preparer <i>L. Sheberger</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date <u>4/30/2019</u></p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>12</u> OF <u>12</u></p>
<p>1. Department/Agency City of Cambridge Cambridge, Maryland</p>	<p>2. Division Finance</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Investment Funds Records</p>	<p>5. Earliest Year/Latest Year <u>2006</u> to <u>Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Investment Funds Records to include PNC back statements on our Bank Accounts Item # 12.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>3 Boxes @ 1 Cu. Ft. each</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation <u>1/4 Box</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Scan paper copies to MSA standards. Retain paper copies for 5 years, then destroy. Retain electronic copies for 10 years, then destroy</u></p> <p>Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) City Hall 1<sup>st</sup> Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s)) <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input checked="" type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No Archival Locator indexing system located at the City Hall Building. Entries are by location and topic.</p>	<p>18. Recommended Retention Scan paper copies to Maryland State Archives (MSA) standards. Retain paper copies for five (5) years, then destroy. Retain electronic copies for ten (10) years, then destroy.</p>	
<p>19. Name and Title of Preparer <i>L. Scheraga</i> Records Management Officer</p>	<p>20. Telephone Number 410-228-4020</p>	<p>21. Date 4/30/2019</p>