

RECORDS DISPOSITION DOCUMENT -- SAMPLE FORM

No. **N/A**

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1. AGENCY NAME and ADDRESS

School Name: _____
 Phone: _____
 Café Contact: _____

2. AGENCY CONTACT (Name and Telephone Number)

Matt Reed / Casey Piquero
 Division of Government and Community Relations
 (321) 633-1000 Ext. 453

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NOTICE OF INTENTION: The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

- a. Destruction b. Microfilming and Destruction c. Other:

Manually check the Destruction box -- method of Destruction must be Shredding

4. SUBMITTED BY:

I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

Cafeteria Manager signs here

Print name, Cafeteria Manager

Date that the form is completed

Signature

Name and Title

Date

5. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title	d. Retention	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date Completed After Authorization
GS7/GS1-SL	153 / 258	Month End Reports & Including End of Day Reports	5 fiscal years	Fy07 Fy06 and etc.	3 3	Complete after <u>original</u> returned form back to you
GS7	153	Inventory Work Sheets				
GS7	153	Production Records				<u>Note:</u> Records must be shredded
GS1-SL	202	Petty Cash & P-Card Invoices				
GS1-SL	85	Monthly P-Card statements				

6. DISPOSAL AUTHORIZATION:

Disposal for the above listed records are authorized. Any deletions or modifications are indicated.

Mr. Reed will sign here.

Records Management Liaison Officer

Date

7. DISPOSAL CERTIFICATE:

The above listed records have been disposed of in the manner and on the date shown in column g.

Café Mgr signs here once you get the form back fm Ms. Piquero

Signature

Date

print your name and title here

Name and Title

Witness

someone signs here that confirms the destruction