



COLLECTIONS TRANSMITTAL FORM

University of Oregon Museum of Natural and Cultural History
Oregon State Museum of Anthropology

Accession No. _____

Site Information

Site Name(s)/Numbers(s) _____

Legal Description _____

Land Ownership _____

Archaeological Permit No. _____

Objects (check if present)

Formed/Used Implements:

Flaked Stone	Bone/Shell	Historic
Ground Stone	Basketry/Wood	Other (specify) _____

Aggregate Samples:

Debitage	Charcoal	Soil
Bone/Antler	Shell	Historic
Other (specify) _____		

Specialized analytical samples (specify, eg. XRF, obsidian hydration): _____

Records

<u>Paper:</u>	<u>Electronic (CD/DVD):</u>	<u>Photographic:</u>
Report	Report	Color Prints
Artifact Catalog	Artifact Catalog	B/W Prints
Photo Log	Photo Log	Slides Digital
Fieldnotes/Forms	Digital Images	Prints
Other (specify) _____	Other (specify) _____	Negatives (type) _____

Publication (Author, Title, Date) _____

Billing Instructions _____

Submitted by (Name/Affil./Address/Phone) _____

Received By: _____ Date _____

OSMA Use Only: Curation Charge/Comments _____