

RECORDS TRANSMITTAL AND RECEIPT

Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records.

PAGE OF PAGES

1. TO (Complete the address for the appropriate records center serving your area)

5. FROM (Enter the name of complete mailing address of the office retiring the records. This signed receipt of this form will be sent to this address)

Federal Records Center
 As shown in Washington National Records Center
 FPMR 101-11.410-1 4205 Suitland Road, Suitland, Maryland 20746-8001

U.S. Department of Commerce
 International Trade Administration
 14th & Constitution Avenue, N.W.
 Room 4001, HCHB
 Washington, D.C. 20230

2. AGENCY TRANSFER AUTHORIZATION
 TRANSFERRING AGENCY OFFICIAL (Signature and title) DATE
 Glenitta Chase, Records Management Officer

3. AGENCY CONTACT
 TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)
 Glenitta Chase 202-482-3757
 ITA Records Management Officer, Office of Org. and Mgmt. Support

4. RECORDS CENTER RECEIPT
 RECORDS RECEIVED BY (Signature and title) DATE

Fold line ←

6. **RECORDS DATA**

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of records)	RESTRICT- TION (g)	DISPOSAL AUTHORITY (Schedule and itemnumber)	DISPOSAL DATE (i)	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN (a)	CONT- TYPE (l)	AUTO- DISP (m)
(a)	(b)	(c)	(d)	(e)	(f)		(h)	(i)	a			
			8	1-8	U.S. Department of Commerce International Trade Administration CFO/Director of Administration Office of Org. and Mgmt. Support ITA Organizational History January, 1941 - May, 1984 Point of Contact: Nina Harris 202-482-5436 NOTE: ACCESS TO THESE RECORDS IS RESTRICTED TO PERSONS APPROVED BY ITA OFFICIALS.	N	NC1-151-82-7 Item No. 68a	Permanent P/05				

SUPPLEMENTAL BOX LISTING

CFO/Director of Administration
Office of Org. and Mgmt. Support

YEAR: '41-84

BOX NUMBER

Box 1 of 8

SERIES DESCRIPTION

Department Orders 1-2 (10-3/40-1)
Under Secretary for ITA 1-3

DATE(S)

CONTACT: _____ TELEPHONE: _____

SUPPLEMENTAL BOX LISTING

YEAR: _____

BOX NUMBER

SERIES DESCRIPTION

DATE(S)

CONTACT: _____ **TELEPHONE:** _____

SUPPLEMENTAL BOX LISTING

Year _____

BOX NUMBER

SERIES DESCRIPTION

DATE(S)

CONTACT: _____ TELEPHONE: _____