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| Document with solid fill | **Florida Department of Transportation** **Artifact Transfer Receipt** |

Receipt for artifact(s) transferred to the FDOT Archaeological Collections Facility.

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| Transfer Content |
| District:  | Type Here | Submitting Entity: | Type Here |
| Project Name: | Type Here | FM Number: | Type Here |
| List of Contents: |  | Number of Boxes: | Type Here |
| Type Here |
| Additional information (optional): |
| Type Here |
| Affirmation of Responsibility |
| *To the best of my knowledge, the above listed items (or appended to this form) being transferred to OEM accounts for all of the cultural material recovered during the referenced project.* |
| Submitter Signature: | Shape  Description automatically generated with low confidence | Date: | Click or tap to enter a date. |
| Printed Name: | Type Here |  |  |
| FDOT Office of Environmental Management Use |
| *By signing this document OEM acknowledges receipt of the items listed above (or appended to this form).* |
| OEM CR Staff Signature: | Shape  Description automatically generated with low confidence | Date: | Click or tap to enter a date. |
| Printed Name:Title: | Type HereType Here |  |  |