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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 Here  Type Here |  |  | |