

TRANSFER SLIP

INSTRUCTIONS

Monograph

TRANSFERS SLIPS

Serial

Current subscription/Acquisitions notified

Call Number: _____

Author/Title:

Title or Vol(s) only

Vol(s): _____

FROM: Present location: _____

TO: New location: _____

Circ Noncirc

_____/_____/_____
Selector, Present Location Date

If internal only signature needed

_____/_____/_____
Selector, New Location Date

(If a different branch or Special Collection)

OLDER SERIAL VOLUMES DECISION

New decision Change decision

Noncirc Circ

Latest volume only in REF. TRANSFER older vol(s) to _____

Special Project approved by CMRAC

Project Name: _____

(One slip is sufficient per box)

SPECIAL INSTRUCTIONS:

Check "✓" serial or monograph block.

If Serial is a current subscription notify

Acquisitions and check "✓" Current subscription/Acquisitions notified block. (Fund code needs to be changed unless internal transfer.)

Fill in basic Call Number.

Fill in Author/Title.

If not all volumes of a title are being sent to CATM, record which volumes are being sent or in the case of monographs which barcoded items.

If title has multiple copies/vols., please include information indicating handling of all items to be transferred eg. include marked Victor printout.

Use complete current, names or codes for library locations. e.g. CHEM BNDPER, MCK CMPCT2

SIGNATURES:

Transfers between branches, including Special Collections and Gov Docs, must have the signature of both locations. For items in McKeldin, the signature of the location head should be that of the selector who has collection responsibility for LC range.

OLDER SERIAL VOLUME DECISION:

Use this form to inform CATM of new or changed decisions in disposition of superseded volumes.

PLEASE PHOTOCOPY ON GREEN PAPER



WITHDRAWAL SLIP

INSTRUCTIONS

Monograph

WITHDRAWAL SLIPS

Serial

Current subscription/Acquisitions approved

Check "✓" serial or monograph block. If Serial is a current subscription notify Acquisitions and check "✓" Current subscription/Acquisitions notified block. Subscription to be canceled if all items withdrawn.

Call No: _____

Fill in basic Call Number.
Fill in Author/Title.

Author/Title: _____

Use current complete, name or code for library location. e.g. GOVDOC LC DOC.

Location _____

Title

Vol.(s) Only

WITHDRAWAL:

If whole title is not being sent to CATM, record which volumes are being sent or in the case of monographs which barcoded items.

Vol.(s): _____

Reason for Withdrawal

Mutilated/Damaged

other _____

If a title has multiple copies/vols., please include information indicating handling of all items to be withdrawn e.g. include Victor printout.

Superseded

_____/_____/_____
Selector, Present Location Date

SIGNATURES:

Only last copy withdrawn from campus requires Collection Management signature. Team manager, Collection Management Coordinator, or Associate Director for Collection Management can provide Collection Management signature.

Last Copy Decision

_____/_____/_____
Collection Management Date

Special Project approved by CMRAC

Project Name: _____
(One slip sufficient per box)

Special projects require CMRAC approval.

PLEASE PHOTOCOPY ON SALMON PAPER

SPECIAL INSTRUCTIONS:

