



**NATURAL
HISTORY
MUSEUM
OF UTAH**

Reposited Collections Inventory

Natural History Museum of Utah

Registrar's Office
301 Wakara Way
Salt Lake City, Utah 84108
801-581-6927 Direct 801-585-7484
registrar@nhmu.utah.edu

Acc'n #: UMNH.A. _____

Repository #: UMNH.R. _____

Investigation Type

Archaeology Paleontology

Investigation Method

Survey Testing Excavation

Permit required? yes no

Final Report due date _____

Date Received at NHMU _____
mm dd yyyy

Repositor

Institution/Company _____

Individual _____ Title _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Registrar initials payment rec'd: _____

Check #: _____

_____ *Date collections reviewed*

Acceptable *Not Acceptable*

_____ *Date of Final Acceptance*

_____ *NHMU staff initials*

Land Agency

Contact Name _____ Title _____

Agency Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Project name _____

Site number(s) _____

Site name(s) _____

Materials Submitted According to NHMU Guidelines

Final Report (2 printed copies required)

Author: _____

Title: _____

Site Records

USGS Map with Site Location(s)

Field Notes and Journals

Field Specimen (FS) forms

Inventory enclosed with each box

FS correlation chart for provenience, catalogued artifacts/specimens & features

Lab and analysis records

Field maps / analysis maps/ stratigraphic sections

Photographs with printed inventory enclosed

Digital data

photographs- format _____

data- format _____

Other _____

Total Number of Artifact Boxes _____ Total Number & Size of Record Boxes _____

Total Payment (\$ _____ /box) _____

Repositor Signature _____ Date _____

Printed Name _____

NHMU Acknowledgement of Preliminary Receipt _____ Date _____

Printed Name _____