

Archival Processing Plan

Name of Collection	Accession Number
Donor	Date Received
Staff Member	Date Filed
Current Condition of Records: Arrangement Number of Boxes Received Description (Inventory or Internal Physical Condition	
Comments	
Accession Checklist: <input type="checkbox"/> Deed of Gift <input type="checkbox"/> Acknowledged <input type="checkbox"/> Information Requested <input type="checkbox"/> Accession Sheet	
Proposed Level of Arrangement	
Proposed Level of Description	
Estimated Time for Arrangement	Estimated Time for Description
Approved	Date