

## BOX INVENTORY FORM

Archaeological Collections Facility of West Virginia

Institution/Firm \_\_\_\_\_ Director \_\_\_\_\_

Project Name/No. \_\_\_\_\_ Project Sponsor \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

| Box No. | Site No. | Accession No. | Catalog Nos. | Brief Description of Items | WVACF Storage Box No.<br><i>(for facility use only)</i> |
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