Department of Veterans Affairs

# RECORDS TRANSMITTAL AND RECEIPT

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**INSTRUCTIONS:** Complete and send original and two copies of this form to the address shown in item 1 "TO". See specific instructions on reverse.

1. TO **VA Records Center and Vault (RC&V)**
**P.O. Box 141**
**Business Highway 60 North**
**11923 Lime Kiln Drive**
**Neosho, MO 64850**

5. FROM *(Enter the name and complete mailing address of the office that owns the records and the office shipping the records, if different.)*

| | | |
|---|---|---|
| 2. TRANSFER AUTHORIZATION | TRANSFERRING FACILITY OFFICIAL *(Signature and title)* | DATE |
| 3. POINT OF CONTACT | TRANSFERRING FACILITY LIAISON OFFICIAL *(Name, office and telephone No.)* | |
| 4. RECORDS CENTER AND VAULT RECEIPT | RECORDS RECEIVED BY *(Signature and title)* | DATE |

6. ACCESSION NUMBER

7. CATEGORY OF RECORDS TRANSFERRED

☐ VITAL RECORDS ☐ OTHER RECORDS

8. PLANNED SHIPMENT DATE

**9a. TYPE AND VOLUME OF RECORDS**

| 9b. MICROFILM VOLUME *(No. of Reels)* | 9c. MICROFICHE VOLUME *(No.of microfiche)* | 9d. TAPE VOLUME *(No. of Tapes)* | 9e. PAPER VOLUME *(Cubic feet)* | 9f. OTHER VOLUME *(Specify below)* |
|---|---|---|---|---|
| | | | | |

| 10. RECORDS SCHEDULE AND ITEM NO. | 11. RECORD TITLE/SERIES DESCRIPTION *(Show inclusive dates of records)* | 12. RESTRICTIONS | 13. DISPOSAL DATE | 14. DATE RECORDS TO BE RETURNED *(If applicable)* |
|---|---|---|---|---|
| | | | | |

# INSTRUCTIONS FOR COMPLETION OF VA FORM 0244 (TEST)

## FOR COMPLETION BY THE TRANSFERRING FACILITY

**Item 1.** Self-explanatory.

**Item 2.** Signature and date of the Records Officer is required if the records are being transferred from a VA installation. If a non-VA office is transferring records, an authorized official as designated by the head of the agency must sign and date.

**Item 3.** Show the name and commercial telephone number, including area code, of the person to contact concerning the records.

**Item 4.** To be completed by the RC&V.

**Item 5.** Self-explanatory.

**Item 6.** A separate accession number is required for each series of records listed on the form. A series consists of records having the same disposal authority and disposal date that are transferred together to the RC&V. The RC&V will assign this number upon receipt of the completed form.

**Item 7.** Place an "X" in the appropriate box to indicate the category of records to be transferred.

**Item 8.** Show the anticipated date the records will be sent to the RC&V.

**Items 9b thru 9f.** Show the type of records, in the medium shown, and the total volume of records being sent to the RC&V. *(A standard size box of paper records equals 1 cubic foot.)*

**Item 10.** Provide the appropriate Records Control Schedule or Vital Records Schedule and Item Number that authorizes the records to be stored and/or maintained at an offsite storage center. For other than vital records, cite the National Archives and Records Administration disposal job number if it has not been incorporated into an updated records control schedule.

**Item 11.** Describe the records as shown in the appropriate Records Control Schedule or Vital Records Schedule. Inclusive dates of the records will be shown. This item may also be used to briefly describe the contents of each box of records in the shipment; e.g., if there are a total of 10 boxes, show box 1 and list the first record in the box and the last record in box 1. This procedure may be used to identify files in all 10 boxes of the shipment.

**Item 12.** Enter one of the following codes to indicate whether the use of the records is restricted. Explain any special restrictions at the bottom of the form:

| Code | Restrictions |
|---|---|
| Q | Security classification |
| T | Top Secret security classification |
| S | Secret security classification |
| C | Confidential security classification |
| R | Restricted use - witnessed disposal not required. |
| W | Restricted use - witnessed disposal required. |
| N | No restrictions |

**Item 13.** Compute the disposal date by using the disposition instructions shown in the Records Control Schedule or Vital Records Schedule.

**Item 14.** Complete this item in instances where the records are to be maintained at the RC&V for a period of time and then returned to the retiring facility. For example, vital record tapes.

Use VA Form 0244a, Records Transmittal and Receipt, Continuation; when additional space is required for listing records information. Instructions for completion of VA Form 0244 (Test) apply.

JetForm