

School District Records Schedule Number 7

Dates are by school year (July-June)

Section II Election Records

Item 2 Ballots (incl. undeliverables, signature envelopes)

1 year; destroy

May 2019

May 2020

Section III Finance Records

Item 8 Bank Deposit Receipts

1 year past audit; destroy

July 2017 – June 2019

Item 22 Claims

8 years; destroy

July 2011 – June 2012

Items 28, 29, 31 County Treasurer Monthly Cash Reports, Reconcilements, Balance Sheets

July 2010 – June 2012

8 years; destroy

Total of 9 cubic feet of material shredded/disposed: _____
date

Retain 30 years

RECORDS DESTRUCTION DOCUMENT (RM88)			NO. 8			
1. AGENCY NAME AND DIVISION/PROGRAM: Bigfork School District Office			2. AGENCY CONTACT: NAME: Amber Yoder 837-7400 PHONE #: EMAIL: ayoder@bigfork.k12.mt.us			
3. NOTICE OF INTENTION: The schedule records listed in Item 5 are to be disposed of in the manner checked below (specify only one).						
<input type="checkbox"/> Delete <input type="checkbox"/> Incinerate <input checked="" type="checkbox"/> Shred as Classified <input type="checkbox"/> Toss without Restriction						
<input type="checkbox"/> Other: Explain						
4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements or Offer to the State Historical Society Archives has been fully justified, and that further retention is not required for any litigation pending or imminent. <u>Documentation attached from Historical Society.</u>						
SIGNATURE: NAME AND TITLE: DATE:						
5. LIST OF RECORD SERIES						
NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.						
a. Retention Schedule Number	b. Item number listed on Retention Schedule	c. Record Series Title	d. Retention in months/years	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date completed after Authorization
6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.			7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.			
Custodian/Records Manager			Name and Title:			
Name: Date:			Signature:			
Signature:						