



WILLIAM S. WEBB MUSEUM OF ANTHROPOLOGY

University of Kentucky, 1020A Export Street, Lexington, KY 40504-2690
859-257-1944 • fax: 859-323-9866

COLLECTIONS TRANSMITTAL

FOR MUSEUM USE ONLY:

☐ Gift ☐ CRM ☐ Purchase ☐ Museum Project
☐ Other _____

Accession No: _____

Date Received: _____

Date Accessioned: _____

Received By: _____

Accessioned By: _____

PROJECT NAME _____

SITE NAME _____ SITE NUMBER _____ COUNTY _____

DONOR NAME _____

ADDRESS _____

PHONE _____

COLLECTION METHOD _____ DATE COLLECTED _____

COLLECTED BY _____

TYPE OF COLLECTION **Please include all specimen types regardless of discard/landowner return.*

PREHISTORIC: ☐ LITHIC ☐ CERAMIC ☐ SHELL ☐ BOTANICAL ☐ FAUNAL ☐ SKELETAL

OTHER: _____

HISTORIC: ☐ GLASS ☐ METAL ☐ CERAMIC ☐ SHELL ☐ BOTANICAL ☐ FAUNAL

☐ SKELETAL ☐ OTHER: _____

DISPOSITION ☐ All artifacts returned to landowner ☐ Partial return ☐ No find

CATALOG NUMBERS _____ NUMBER OF SPECIMENS _____



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ASSOCIATED RECORDS (REQUIRED TO CURATE)

☐ FIELD RECORDS ☐ LAB RECORDS ☐ PROJECT ADMIN ☐ SITE FORM(S) ☐ REPORT

☐ OTHER: _____

PHOTOS (REQUIRED TO CURATE) ☐ DIGITAL ☐ COLOR PRINTS/SLIDES ☐ B/W PRINTS/SLIDES

☐ OTHER: _____

SITE DESCRIPTION _____

CULTURAL AFFILIATION

☐ PaleoIndian ☐ Archaic ☐ Woodland ☐ Late Prehistoric ☐ Unknown ☐ Historic

FULL BIBLIOGRAPHIC CITATION OF FINAL REPORT (include author(s), publication year, publication title, contracting firm, report series number if assigned, publication location):

NAME, TITLE _____ DATE _____



HOW TO FILL OUT THE COLLECTIONS TRANSMITTAL FORM

Transmittal forms are required for each site within a project. Do not submit one Transmittal for multiple sites. Isolated finds from the same county can be combined into one form.

PROJECT NAME: Brief descriptive label for the project.

SITE NAME: Optional but preferred when applicable.

SITE NUMBER: Permanent site number as assigned by the Office of State Archaeology, Isolate Find, or project field site number *if* no OSA number assigned.

COUNTY: County in which site is located.

DONOR INFORMATION: Landowner at the time the project was conducted. Legal owner of the collection.

COLLECTION METHOD: Surface collection, probes, excavation units, backhoe trenching, visual exam, etc.

DATE COLLECTED: Date(s) of fieldwork.

COLLECTED BY: Contracting company or institution who collected the materials. Do not indicate individuals' names unless collection is being curated by a private individual.

TYPE OF COLLECTION: Check all boxes that apply. This applies to the collection as it was recovered regardless of discard/landowner return. Skip if no find project.

DISPOSITION: Applies to artifacts only; ALL associated documentation is required to be curated.

CATALOG NUMBERS: Enter range of numbers (e.g. 1-600 or indicate other system such as provenience-based numbering). Please provide even if artifacts are returned to landowners. N/A for no find projects.

NUMBER OF SPECIMENS: Total number of artifacts for each site regardless of whether they have been returned to the landowner. N/A for no find projects.

ASSOCIATED RECORDS AND PHOTOS: Describe types of records and photo format.

SITE DESCRIPTION: Short description of site including site type or function, if known (e.g. prehistoric lithic artifact scatter; historic farmstead, etc.); age of site: (e.g. Early Archaic, multi component Archaic-Late Prehistoric, early mid-19th century, etc.); and nature of deposits: (e.g. types of features or nature of assemblages).



*Preserving Kentucky's Past
for the Future*

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CULTURAL AFFILIATION: Check all boxes that apply.

BIBLIOGRAPHIC CITATION OF FINAL REPORT: See form for details.

NAME & DATE: Individual who populated form.