

1. AGENCY NAME and ADDRESS School Name: _____ Phone: _____ Café Contact: _____	2. AGENCY CONTACT (Name and Telephone Number) Russell Bruhn / Tricia Gurrisi Division of Government and Community Relations (321) 633-1000 x 11796
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3 NOTICE OF INTENTION: The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

a. Destruction
 b. Microfilming and Destruction
 c. Other:

Manually check the Destruction box -- method of Destruction must be Shredding

4. SUBMITTED BY: I herby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

Cafeteria Manager signs here
Print name, Cafeteria Manager
Date that the form is completed

Signature	Name and Title	Date
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5. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title	d. Retention	e. Inclusive Dates	f. Volume in Cubic Feet	g. <u>Disposition Action and Date Completed After Authorization</u>
GS7/GS1-SL	153 / 258	Month End Reports & Including End of Day Reports	5 fiscal years			
GS7	153	Inventory Work Sheets				
GS7	153	Production Records				Records to be shredded:
GS1-SL	202	Petty Cash				/ / Date
GS1-SL	85	Monthly P-Card statements/invoices				

6. DISPOSAL AUTHORIZATION: Disposal for the above listed records are authorized. Any deletions or modifications are indicated.

Mr. Bruhn will sign here.

Records Management Liaison Officer _____ Date _____

7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.

Café Mgr signs here once you get the form back

Signature	Date
print your name and title here	
Name and Title	
Witness	
someone signs here that confirms the destruction	