



WILLIAM S. WEBB MUSEUM OF ANTHROPOLOGY

University of Kentucky, 1020A Export Street, Lexington, KY 40506
859-257-1944 • fax: 859-323-1968

COLLECTIONS TRANSMITTAL

FOR MUSEUM USE ONLY:

Accession No: _____

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

Date Received: _____

Date Accessioned: _____ Accessed By _____

PROJECT NAME _____

SITE NAME _____ SITE NUMBER _____

COUNTY _____

DONOR NAME _____

ADDRESS _____

PHONE _____

COLLECTION METHOD _____ COLLECTED BY _____

TYPE OF COLLECTION

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

OTHER: _____

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

☐ SKELETAL OTHER: _____

CATALOG NUMBERS _____ NUMBER OF SPECIMENS _____

ASSOCIATED RECORDS AND PHOTOS _____

SITE DESCRIPTION _____

CULTURAL AFFILIATION

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



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

NAME _____ DATE _____



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HOW TO FILL OUT THE COLLECTIONS TRANSMITTAL FORM

PROJECT NAME: Brief descriptive label for the project.

SITE NAME: Optional, but preferred.

SITE NUMBER: Permanent site number as assigned by the Office of State Archaeology.

COUNTY: County in which site is located.

DONOR INFORMATION: Company or agency for which work was done; OR name of landowner.

COLLECTION METHOD: surface collections, 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.

CATALOG NUMBERS: Enter range of numbers (e.g. 1-600 or indicate other system such as provenience-based numbering).

NUMBER OF SPECIMENS: Total number of artifacts being curated for each site.

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).

CULTURAL AFFILIATION: Check all boxes that apply.

BIBLIOGRAPHIC CITATION OF FINAL REPORT: See form for details.

NAME & DATE: Individual who populated form.