Archaeological
Research
Institute

Electronic Media Submission Form

Revised: 1/6/00

Collection Title _____

Principal Investigator _____

Media Item # _____

Number of Files_____ Est. Total Size _____Mb

Date _____/_____/_____

Preparator _____

Media type:

- ☐ Removable disk — Size&type _____ — Max Capacity_____ Mb
- ☐ Tape cartridge — Size&type_____ — Max Capacity_____ Mb
- ☐ CD-ROM
- ☐ External Fixed Disk Transfer — Directory_____ Date ___/___/___
- ☐ FTP File Transfer — Directory_____ Date ___/___/___

Operating System & version_____

Compression/Archival Software Used _____

Device Directory (List file names only for compressed/archive files. List individual data files on appropriate data submission form and attach)

Directory Path	[File Name]	Contents

For ARI use:
Accession ID:_____ Data Media Catalog ID _____
Received: _____/_____/_____ Staff: _____
Verified: _____/_____/_____ Staff: _____