

United States Department of the Interior

BUREAU OF LAND MANAGEMENT
Montana State Office
Billings Curation Center
5001 Southgate Drive, P.O. Box 36800
Billings, Montana 59107-6800

Archaeological Project Summary/Collection Receiving Form

(This form must accompany any material submitted to the BCC)

BCC Accession # _____ (assigned by BCC)

Name of Permittee, Firm, Donor:

Principal Investigator _____

Permit Number _____ Type of Permit _____

Address _____

Phone Number: (_____) _____

Name of Project: _____

Date of Project: From _____ To _____

Site Numbers: _____

Landowner: _____

Name of Contracting Organization: _____

Contract Number: _____

How material was collected: Survey _____ Test _____ Excavation _____

Other: _____

Number of boxes: _____ notebooks/files: _____

Other: _____

Of the following items, check category if it applies to this collection and provide pertinent information:

_____ Special storage requirements exist for parts of this collection.

Explain: _____

____ Yes ___ No Items needing conservation are present in this collection.

Box Number(s): _____

____ Yes ____ No Material from private lands is included in this collection.

A signed BCC Gift form ____ is ____ is not included with this documentation.

Explain: _____

Other remarks: _____

DOCUMENTATION/ARTIFACT/SAMPLE CHECKLIST OF MATERIALS BEING TURNED OVER TO THE BILLINGS CURATION CENTER

Note: All paper documentation must be produced on acid-free paper.

Documentation (please check all items being transferred):

_____ Contract or Grant Proposal _____ Maps

_____ Survey Site Forms/Inventory Records _____ Photos

_____ Field Notes _____ Negatives/Slides

_____ Documentation of Project Procedures. Please provide complete list by title (e.g., field or lab manuals, research design, coding formats, etc.) and continue on the back if necessary.

- | | |
|-----------|------------|
| 1.) _____ | 2.) _____ |
| 3.) _____ | 4.) _____ |
| 5.) _____ | 6.) _____ |
| 7.) _____ | 8.) _____ |
| 9.) _____ | 10.) _____ |

_____ **Final Project Report (3 copies must be included).**

Title: _____

Author: _____ Date: _____

_____ Reports: Please provide a complete reference list for all reports, manuscripts, or articles involving project data (include title, author, date, publisher, or periodical title and series number). Continue on the back if necessary.

- | | |
|-----------|-----------|
| 1.) _____ | 2.) _____ |
| _____ | _____ |
| _____ | _____ |
| 3.) _____ | 4.) _____ |
| _____ | _____ |
| _____ | _____ |

Other documentation: _____

MATERIAL CHECKLIST

Prehistoric Materials:

- _____ Ceramics
- _____ Flaked and/or _____ Non-flaked Lithics
- _____ Worked and/or _____ Non-worked Non-human bone
- _____ Worked and/or _____ Non-worked Vegetal/Botanical Remains
- _____ Worked and/or _____ Non-worked Shell

Human Bone

Other

Explain: _____

Historic Materials:

Ceramics Glass Textiles Metal Paper

Synthetic Organic Leather Nonhuman Bone

Human Bone Photographs Other

Explain: _____

Samples:

Dendrochronological Sediment

Flotation (micro-recovery) Botanical

Coprolites Stratigraphic columns

Pollen Pollen cores

Radiocarbon Bulk soil

Other

Explain: _____

Are all archaeological materials and associated documentation for this project/collection being turned over to the Billings Curation Center at this time?

Yes No

If no, please explain: _____

Signature: _____ Date: _____

BCC Authorized Signature: _____

Date: _____