ARTIFACT COLLECTION BOX INVENTORY

Maryland Archaeological Conservation Laboratory
Jefferson Patterson Park and Museum
Maryland Historical Trust

CONSULTANT'S NAME 11_____

PROJECT NAME _____

DELIVERY DATE _____ **TOTAL NUMBER OF BOXES** _____

BOX CONTROL NUMBER	DONOR BOX NUMBER	SITE AND LOT NUMBERS	CONTENTS (ARTIFACTS, SHELL, BRICK, ETC.)

SHADED AREA FOR MAC LAB USE ONLY.