

## Temporary Custody Receipt

**Excelsior Springs Museum & Archives, 101 E. Broadway, Excelsior Springs, MO 64024**

**This is to acknowledge receipt of the items listed below by the Museum from:**

Name: _____		Date: _____	
Address: _____			
City: _____	State: _____	Zip: _____	
Work#: _____	Home#: _____	Fax#: _____	Cell#: _____
Website: _____		Email: _____	

**The items listed below are left in the custody of the Excelsior Springs Museum & Archives to be considered as:**

- An unconditional donation. The Museum reserves the right to keep, lend, or otherwise dispose of the donated material.
- To be considered for acquisition.
- For other. Please specify \_\_\_\_\_

**Disposition if not accepted for accession:**

- Source will pick up
- Please dispose of or destroy
- May be sold to benefit  
Excelsior Springs Museum & Archives

**Items and Description**

**Received by:**

**Received from:**

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

**Approved by:**

\_\_\_\_\_  
(#1 Sign & Date) (Date) (Date) (Date) (Date) (Date)