

DUPLICATES REFERRAL FORM

		<input type="checkbox"/> See verso for notes
TO	FROM	
		Periodical Division : _____
		Payments Division : _____

TITLE _____

SET 1 Rec. # _____	OTHER RECLOC:
SET 2 Rec. # _____	1. _____
SET 3 Rec. # _____	2. _____
SET 4 Rec. # _____	3. _____

VENDOR # _____ OTYPE _____

- We have received 3 successive duplicate issues for the above title. Attached are the mailing labels for the 3rd original and the 3rd duplicate received.
- We have received a duplicate issue for the above title. Attached is the issue and its mailing label, if available.
- We are returning the attached duplicate issue(s) to you for standard processing.
- According to our records this is duplicate material. There is no duplicate billing, and we are forwarding for your disposal. Please retain, discard or forward to the next Library listed above. Do not return to the Serials Department.
- Original received _____ and sent for monographic treatment or for marking.