

Voucher Locator Form

Transect Name: _____ Section Number: _____

Detailed location (if not on transect): _____

Date of Capture: _____ Vouchered by _____

Specimen identity (if known) _____

Verified identity: _____

Verified by: _____

Initial Storage location (Person): _____

(Organization): _____

Address: _____

City/ State/zip: _____

Phone/E-mail: _____

Archival Storage location (Person): _____

(Organization): _____

Address: _____

City/ State/zip: _____

Phone/E-mail: _____

Directions: Fill out one of these forms for each vouchered specimen. Keep a copy of the form with the specimen. Submit a copy of the form with the season's monitoring forms. If necessary submit form and specimen to an appropriate person for identification or confirmation of identity. If specimen is transferred to a different permanent site indicate the new location and send a revised copy of this form to CMNH. If more than one transfer occurs additional locations can be indicated on the back of the form.