DATA FORM FOR SUBMISSION OF TAMP RECORDS TO APSU MUSEUM OF ZOOLOGY

Prepared by:_____ Date:_____

Tamp Observer No._____Tamp Route No._____

Nature of voucher (check one): image, _____ audio tape/file, _____other_____

If audio recording: Recorder Make_____, Model_____, File format_____

NO. SPECIMENS

GENUS

SPECIES

SUBSPECIES

COMMON NAME

DATE

TIME (24-HR FORMAT)

TEMPERATURE (INDICATE SCALE)

COLLECTOR(S)

ST

COUNTY

TOPO MAP NAM

LATLONG

DATUM

SPECIFIC LOC

FIELD NOTES

REMARKS