



for **Contractors/Vendors** for **Government Entities** for **State Employees** for the **Public**

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**Series**  
**Authorization No:** 10551416      **Agency:** AGO      **Division:** CV78      **Section:** NA      **Revision:** 1

**Agency Series No.:** 78-OAG-41      **Record Series Title:** SAFE Program Reimbursement Requests  
**Record Series Description:** Reimbursement request forms, copy of warrant, invoice and other supporting documentation used to reimburse medical providers for Sexual Assault Forensic Examination (SAFE) kits. The SAFE program pays medical providers to cover costs of collection of evidence of sexual assault for possible prosecution.

**Agency Web Link:**

**Confidential Description**      **Vital Description**

| Media            | Retention Period   | Retention Justification | Method of Disposal |
|------------------|--|-------------------------|--------------------|
| Paper            | 2 years, provided audited, or until data is entered into online system, then destroy |                         | Shred              |
| Machine Readable | 2 years, provided audited  |                         | Delete             |

**Approvals:**

|                 |   |                        |
|-----------------|---|------------------------|
| <b>Created</b>  |   | <b>Date:</b> 3/7/2014  |
| <b>Approved</b> | <b>Pari Swift, Records Officer</b>        | <b>Date:</b> 3/7/2014  |
| <b>Approved</b> | <b>Bunnie Jones, Record Administrator</b> | <b>Date:</b> 3/12/2014 |
| <b>Approved</b> | <b>Martin Meeks, State Auditor</b>        | <b>Date:</b> 3/14/2014 |
| <b>Approved</b> | <b>Fred Previts, State Archivist</b>      | <b>Date:</b> 3/21/2014 |

**Notes:**

| Note Date | Note Description | User |
|-----------|------------------|------|
|-----------|------------------|------|