

Federal Records Management & Shredding

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New Box Transmittal Form

Phone (260) 267-9652 Fax (260) 203-4489

Customer number

Department, Division or Branch

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1	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
	FROM - DATE OR RANGE	TO - DATE OR RANGE	TYPE OF DOCUMENTS
			REVIEW DATE

2	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
	FROM - DATE OR RANGE	TO - DATE OR RANGE	TYPE OF DOCUMENTS
			REVIEW DATE

3	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
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4	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
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5	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
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6	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
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7	BOX BAR CODE LABEL	CUSTOMER BOX NUMBER	DOCUMENT DESCRIPTION
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			REVIEW DATE

CUSTOMER SIGNATURE _____ DATE _____

DRIVERS SIGNATURE _____