



BOX INFORMATION DATA ENTRY SHEET AND TRAFER FORM

Barcode:	
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GENERAL DESCRIPTION

Customer ID: <i>QICI0572</i>	Date:	Page: ____ of ____
Box Preparer Name:	Box Type:	
Department or Cost Center (must be on list):	Box Number:	
Documents Month/Year:	Destruction Month/Year:	
Reference Text:	Reference Number:	
General Contents Description:		

INFORMATION IN BOLD IS REQUIRED. LA INFORMACION MARCADA BOLD ES REQUERIDA.

DETAILED DESCRIPTION

Item #	Index Contents