

RECORD TRANSMITTAL

Company:	Dept.
Attn:	
Address:	
City, ST:	2
The following re	cords have been shipped via:
Shipment No.	Date
New	RETURN PLEASE CHECK APPROPRIATE BOX. Separate forms must be used for new and return material.

Record # or Box # (Alternate ID)	Barcode # (Container or File)	Description of Contents or File Name (Also include box # OR container barcode # for files)



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Record # or Box #	Barcode #	Description of Contents or File Name (Also include box # OR container barcode # for files)
(Alternate ID)	(Container or File)	(Also include box # OR container barcode # for files)



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		1