UV	&S	

Company:		Dept.
Attn:		
Address:		
City, ST Zip: ,		
The following records ha	ve 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)



RECORD TRANSMIT		
Record # or Box #	Barcode #	Description of Contents or File Name
(Alternate ID)	(Container or File )	(Also include box # OR container barcode # for files)
	1	
	1	



RECORD TRANSMIT		
Record # or Box #	Barcode #	Description of Contents or File Name
(Alternate ID)	(Container or File )	(Also include box # OR container barcode # for files)
	1	
	1	



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