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## RECORDS TRANSMITTAL FORM

PAGE NO.

CUSTOMER CARTON #	TITLE OF RECORDS	STARTING DATE ENDING						FILING SPAN ( ALPHA/NUMERIC)	DESTROY DATE		
		Mo	Day	Yr	Mo	Day	Yr		Mo	Day	Yr

CUSTOMER NAME:		
ACCOUNT NUMBER:	DEPARTMENT NAME:	DEPT. NUMBER:

PREPARER'S SIGNATURE:	DATE:
DRIVER'S SIGNATURE:	DATE:
CUSTOMER'S SIGNATURE: <b>X</b>	DATE: