University of California, San Francisco

RECORDS STORAGE REQUISITION

FAX: 502-7983 ******** PHONE: 502-3086**

Date: _____

SpeedChart No.: _____

Name of Account to be Charged: _____

Requested By _____ Ext _____ Billing Copy to Box _____

Pick up at _____

Name and Title of Employee who has authority to authorize return, destruction or disposal of records (Business Manager or Higher):

PRINT NAME: _____

PAYROLL TITLE: _____

SIGNATURE: _____

Note: Description of records and destruction date must be on requisition and on and on one end of the storage box.

Quantity	Description of Records	Destruction Date