UCSF
University of California
San Francisco

CampusLifeServices
DISTRIBUTION & STORAGE

RECORDS STORAGE REQUISITION

Fax: 502-7983 | Phone: 502-3086

DATE: _____ SPEEDCHART # ___ ___ ___ ___ ___

NAME OF ACCOUNT TO BE CHARGED _____

REQUESTED BY _____ EXT _____ BILLING COPY TO BOX: _____

PICKED UP AT: _____

DELIVER TO: _____

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 one end of the storage box

QUANTITY	DESCRIPTION OF RECORDS	DESTRUCTION DATE