

## **New Box Transmittal Form**

| DATE | : |  |
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CLIENT NAME\_\_\_\_\_ CLIENT ACCOUNT#\_\_\_\_

| FRM   | DEPARTMENT | CLIENT | ALPHANU | M RANGE | DA   | TE | DESTROY |       |
|-------|------------|--------|---------|---------|------|----|---------|-------|
| BOX # | NAME       | BOX #  | FROM    | TO      | FROM | TO | DATE    | NOTES |
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