

**RETURN CARTONS/FILES
 TRANSMITTAL LIST**

Account Name _____

Account # _____

Authorized Signature _____

Date _____

- Please enter the barcode # for each carton or file
- Please check column whether it is for a carton or file
- Please enter information under Description for reference purposes if desired

| Line | Barcode # | Carton | File | Description (optional) |
|------|-----------|--------|------|------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |