

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				

Penn Records Management Use Only: Received By: _____ Date: _____ Form#: _____