

MATERIALS MANAGEMENT STORAGE REQUEST

Department Name: _____

Date: _____

Dept. ID # _____

Contact Person: _____

Pick Up Location: _____

(SELECT ONE STORAGE CATEGORY) DO NOT COMBINE CATEGORIES ON THE SAME REQUEST FORM

Records Boxes

Furniture / Equipment

Record Destruction Date: _____

Storage Removal Date: _____

FOR WAREHOUSE USE ONLY

Box #	Record Series #	Description	Barcode	Storage Location	Date Stored	Date Return

Please forward original copy of this form to Materials Management room 113E

Authorized Signature: _____