



**Document Box Inventory for Storage and/or Destruction**

**BOX Number:** \_\_\_\_\_ **Destruction Year:** \_\_\_\_\_

**Department or School:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

File Number	File Name	Date From	Date To

**Boxed by:** \_\_\_\_\_ **Administrative Assistant Signature:** \_\_\_\_\_  
(Please print name)

**Principal/Supervisor Signature:** \_\_\_\_\_