



University of Pittsburgh – New Box Submission Form

DEPARTMENT INFORMATION

Request Date: _____ Requestor Name: _____ Account/Department #: PPH064200 \ _____
 Phone Number: _____ Fax Number: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____

Ctn #	Barcode # (required)	Box Size (required)	Destruction Date (required)	Sequence Begin	Sequence End	From Date (MM/DD/YYYY)	TO Date (MM/DD/YYYY)	Description of Content (required) 65 character limit for paper transmittal 250 character limit for electronic transmittal
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Total Cartons this page _____

Comments _____

Signature _____ Passcode (if applicable) _____ Page _____ of _____

Email this form to pittsburgh@accesscorp.com; FAX this form to Access at 412-321-0305. Please be certain to retain a copy of this form for your records.