



**HARRIS COUNTY DEPARTMENT OF EDUCATION
RECORDS MANAGEMENT SERVICES COOPERATIVE**

NEW BOX TRANSFER FORM

HCDE WORK ORDER NUMBER _____

CLIENT NAME: (DISTRICT)	DEPARTMENT NAME:
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Destroy Date	Client Box No.	Range By: Date-Alpha-Numeric	Contents Record Name	HCDE Barcode
TOTAL BOXES / ITEMS RECEIVED				

Received by:

(HCDE Records Center)

Date _____