



Spartanburg County Records Management
New Box Transmittal Form
Contact: Diane Walker, dwalker@spartanburgcounty.org

Date: _____

FORM IS TO BE COMPLETED IN ITS ENTIRETY

Completed By: _____

Name/Department

Box Barcode	Department Code	Series Code	Beginning Key	Ending Key	Retention Authority/ Term	Destruction Date
						<i>mm/dd/yyyy</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						