UCSF
University of California
San Francisco

Logistics
Supply Chain Management

# EQUIPMENT / RECORDS DISPOSAL REQUISITION

Contact us at logistics@ucsf.edu | (415) 502-3065

CONTROL # (IF APPLICABLE): _____ DATE: _____ FUND/DPA #: _____ SPEEDCHART # __ __ __ __ __

NAME OF ACCOUNT TO BE CHARGED _____

REQUESTED BY _____ EXT _____ BILLING COPY TO BOX: _____

PICK UP CONTACT: _____ EXT _____ PICK UP LOCATION: _____

DELIVERY CONTACT: _____ DELIVERY LOCATION: _____

Name and title of employee who has authority to authorize return, destruction or disposal of records
(Business Manager or Higher) ❒ DESTROY ❒ DISPOSE

PRINT NAME: _____

PAYROLL TITLE: _____

SIGNATURE: _____

INSTRUCTIONS: Please provide a clear description of the enclosed records PER BOX on this form, and on ONLY ONE (1) END of each BOX listed here. Please label each box directly. Do not attach the information with tape. DO NOT label the top or lid or sides of the box. If applicable, the DESTROY DATE should be clearly marked on each box. A standard record storage box must be used with the dimensions of 12”x10”x15”.

| QUANTITY | DESCRIPTION OF RECORDS | DESTRUCTION DATE |
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