



**Destruction/Permanent Removal
Order Form**

Email to: dlawrence@miami.edu

Fax: (305) 284-3192

Order Placed:

Date: _____

Time: _____

WHO and WHERE

Account Number: _____

Contact Name: _____

Department Name: _____

Phone Number: _____

Delivery Address: _____

Fax Number: _____

E-mail: _____

Destruction Request: (I'm asking for vendor to securely destroy items below)

Permanent Removal Request: (I will not be returning the items below to vendor)

In order to proceed with the Destruction / Permanent Removal of your cartons/files, please provide us with the barcode ID that you wish to have Destroyed / Permanently Removed. This will ensure accuracy in your request.

WHAT

	Barcode #	Barcode #	Barcode #	Barcode #	Barcode #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Inventory Content (Please indicate the type of inventory, i.e. invoices, tapes, journal entries):

Special Instructions:

WHEN

You will be emailed a destruction workorder to review. Your destruction (s) will take place approximately 30 days after your signed approved workorder(s) has been received.

AUTHORIZATION

Name

Signature

Date
