



BOX TRANSMITTAL LIST

Document Management Service
 Tel: 622-1225
 email: info@storagebarbados.com
 web: www.storagebarbados.com

DATE	CUSTOMER NAME	CONTACT PERSON

LINE	BOX #	DESCRIPTION	DATE/RANGE (FROM)	DATE/RANGE (TO)	ROOM #	SHELF #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Client Authorised Signature: _____

Date: _____

Pro-Storage Ltd Management Signature: _____

Date: _____

The room # and Shelf # columns will be filled out by Pro-Storage Ltd once the boxes have been received