

University of Missouri Customer Registration and Box Order Form

Please Type or Print and DO NOT ABBREVIATE

Please include your customer number on all correspondence with the Records Center, including record transmittals, requests for return of records and e-mails.

Customer Number (If available)	Department/Unit Name (Customer Name)
Do you need to establish divisions within your department?(If yes, contact Joe Jungmeyer at 573-882-1449 or jungmeyerj@umsystem.edu.) <input style="float: right; margin-left: 20px;" type="checkbox"/> Yes	

Delivery Address

Building Name and Room Number (DO NOT use DC address)	Campus
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Mailing/Billing Address

Building Name and Room Number (May use DC address)			Campus
City	State	Zip Code	

Departmental Contact Information

Main Contact Name	Phone Number	Address

Additional Contacts/Users	Phone Number	Address

Box Purchase Request and Account Information

Business Unit (5)	MoCode (5)	PS Account Number (6)	Fund (4)	DeptID (8)	Number of 10x12x15 Records Center Boxes Needed - Qty:
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IF YOU HAVE QUESTIONS ABOUT THIS FORM OR RECORDS MANAGEMENT IN GENERAL, CALL:

Joe Jungmeyer (573) 882-1449

or

JoAnn Looten (573) 882-5955

PLEASE RETURN THIS FORM TO: Joe Jungmeyer, Records Management Supervisor
2910 LeMone Industrial Blvd. Columbia, MO 65211
recordsmanagement@umsystem.edu