FILEMAGIC
Global Information Management Systems

Owner _____
(who is the person who's documents this is)

Box/File Data Input Sheet

Company Name: _____ Department: _____ Client Acc # _____

Access Level: _____ (0-9) (0 being low and 9 being very high)

Disposal Date: _____
(date of box desposal)

Type of documents in box: _____

Retention years _____
(years box needs to be kept)

_____
(Box Number)
client's own box # if applicable

Please note that all documents in a box must be of the same kind - for example: only invoices

	File Number (# of the file ex. File1)	Document Type (Type of document to capture for ex. Invoices)	Description of document (A description of the document type for ex. A number to a number)	Text 3 (additional field for more info)	Text 4 (additional field for more info)	Start Date (First date of document)	End Date (Last date of document)
Own Headings	for example:	Client files	name & surname	contract no	owners	dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy
						dd / mm / yyyy	dd / mm / yyyy

Sheet completed by: _____ Date: dd / mm / yyyy Signature: _____
(full name and surname) (date sheet complete) (full signature)

KEY CALL SERVICESS T/A - FILE MAGIC P O BOX 80335 DOORNPOORT 0017
NR 134 WANWYKSHOUD LAAN GROOTVLEI
TEL: (012)5459600 FAX: (012)5459602 CEL: 0827070034 E-MAIL: keycallservices@intekom.co.za CKNR: CK1991/028715/23 WEBSITE WWW.filemagic.co.za
MEMBER: A POTGIETER