

**TO: Department of Materials Management
Warehouse – Lincoln Center**

FROM:

Name of School and/or Office

Name of Person Making Request

Date of Request ____/____/____

PICK UP FROM:

Name of School and/or Office

Signature (at time of pick-up)

DATE AND TIME OF PICK-UP AND DELIVERY

Date ____/____/____ Time ____:____

DELIVER TO:

Name of School and/or Office

Signature (at time of delivery) Print Name

ITEMS TO BE TRANSFERRED:

Bar Code # _____ Property Description: _____

Manufacturer: _____ Model: _____ Serial #: _____

Additional information:

If procedure is to be reversed, indicate date ____/____/____

Signature (at time of pick-up)

Signature (at time of delivery)

COMMENTS:

To be completed by Materials Management:

Truck _____ Date ____/____/____

Driver _____ Time ____:____