



MT DIABLO UNIFIED SCHOOL DISTRICT GENERAL PICK-UP/DELIVERY FORM

SITE/DEPARTMENT: _____

LOCATION OF ITEMS AT SITE: _____

REQUESTOR: _____ **PHONE/EXT:** _____
(Please print name)

ACTION REQUESTED	INFORMATION
<input type="checkbox"/> Request to move to District Warehouse	<input type="checkbox"/> Property has been stolen. A police report has been filed.
<input type="checkbox"/> Please omit from inventory	<input type="checkbox"/> Equipment/Furniture is available for reassignment
<input type="checkbox"/> Please move to new location & update inventory Move to: _____ Location: _____ Contact: _____ Phone or Ext: _____	<input type="checkbox"/> Equipment/Furniture is available for disposal

Comment: _____

QUANTITY	ITEM DESCRIPTION

Signature of Site Administrator: _____

Date: _____

PLEASE PONY TO WAREHOUSE OR FAX TO 682-8058