



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 | <input type="checkbox"/> Equipment/Furniture is available for disposal |
| Move to: _____ | |
| Location: _____ | |
| Contact: _____ | |
| Phone or Ext: _____ | |

Comment: _____

| QUANTITY | ITEM DESCRIPTION |
|----------|------------------|
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| | |

Signature of Site Administrator: _____

Date: _____

Please Pony to Warehouse, or scan/email to METZS@MDUSD.ORG