Clint Independent School District
Scrap Metal Delivery Form

eForm

Maintenance Information

Maintenance Contact Name: _____ Date: _____

Description of materials:

_____

Type of Metal: _____ Approximate Weight: _____

Approximate number of loads: _____

Business Services Information

Lucero Price: _____ Lopez Price: _____ Scrap Register Price: _____ iScrap App Price: _____ Scrap Monster Price: _____

Deliver to: _____

Note: Please refer to the Scrap Metal Procedures for the specific guidelines.

Approvals

Procurement Signature: _____ Name: _____ Date: _____

Chief Financial Officer Signature: _____ Name: _____ Date: _____

General Information

Accounting Use Only

Receipt Amount: _____ Check Amount: _____ Difference: _____

Accounting Signature: _____ Name: _____ Date: _____

Forward or present the completed form to the Business Services Department, Accounting Coordinator.