

WESLACO INDEPENDENT SCHOOL DISTRICT

Warehouse Department

Dr. Richard Rivera, Superintendent of Schools

Orlando Peña, Director of Operations



CARGO TRUCK REQUEST FORM

- Complete ALL information and e-mail to:

-Jorge Noriega, Warehouse Supervisor (jnoriega@wisd.us)

-CARBON COPY (CC) Gisela Anguiano, Administrative Assistant (ganguiano@wisd.us)

PURCHASE ORDER #: _____ or CHECK NO.: _____

(If this information is omitted, your Cargo Truck Requisition will be denied. Purchasing requisitions will be accepted.)

CAMPUS/DEPARTMENT: _____ ORGANIZATION: _____

REQUESTOR: _____ TITLE: _____

E-MAIL: _____ PHONE #: _____

DATE NEEDED: _____ DESTINATION: _____

PURPOSE: _____

SELECT A TRUCK SIZE: ___ small ___ large ___ pickup truck _____ NUMBER OF TRUCKS NEEDED: _____

LOADING LOCATION: _____ LOADING HOUR: _____ am | pm

LOADING LOCATION DEPARTURE DATE & TIME: _____ am | pm

LOAD DESTINATION ARRIVAL DATE & TIME: _____ am | pm

DEPART FROM DESTINATION DATE & TIME: _____ am | pm

ARRIVE FROM DESTINATION DATE & TIME: _____ am | pm

SPECIAL INSTRUCTIONS:

SIGNATURE OF REQUESTOR: _____ DATE: _____

APPROVED BY: _____ DATE: _____

(signature of supervisor/principal/department head)

WISD WAREHOUSE OFFICE USE ONLY:

DATE: _____

UNIT #: _____ START MILEAGE: _____ END MILEAGE: _____ TOTAL MILES: _____

CLOCK-IN TIME: _____ am / pm

CLOCK-OUT TIME: _____ am / pm

DRIVER 1: _____
(Print Name)

(Signature)

DRIVER 2 : _____
(Print Name)

(Signature)