

WESLACO INDEPENDENT SCHOOL DISTRICT

Warehouse Department

Dr. Richard Rivera, Superintendent of Schools

Orlando Peña, Director of Operations

• 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 #: _____ (Fill in ONLY if exceeding the 8 a.m. to 5 p.m. time frame.)

CAMPUS/DEPARTMENT: _____ ORGANIZATION: _____

REQUESTOR: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

DATE NEEDED: _____ TIME: _____ DESTINATION: _____

PURPOSE: _____

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

CONTACT PERSON/PLACE (Shipping Campus/Dept.): _____

CONTACT PERSON/PLACE (Receiving Campus/Dept.): _____

ESTIMATED LENGTH OF TIME REQUIRED: _____

SPECIFIC ITEMS AND QUANTITY TO BE MOVED AND WHERE:

SIGNATURE OF REQUESTOR: _____ DATE: _____

APPROVED BY: _____ DATE: _____
(signature of supervisor/principal/department head)

REQUESTOR'S SIGNATURE ON COMPLETION: _____ DATE COMPLETED: _____

WAREHOUSE STAFF INITIAL ON COMPLETION: _____

WISD WAREHOUSE OFFICE USE ONLY:

WAREHOUSE STAFF ASSIGNED: _____ DATE: _____

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

CLOCK-IN TIME: _____ am / pm
(Only if needed)CLOCK-OUT TIME: _____ am / pm
(Only if needed)DRIVER 1: _____
(Print Name)_____
(Signature)DRIVER 2 : _____
(Print Name)_____
(Signature)