

**LUZERNE INTERMEDIATE UNIT 18**  
**ADMINISTRATIVE SERVICES DELIVERY ORDER FORM**

<b>Date Requested:</b> _____	<b>Delivery Order #</b> _____
<b>Date Needed:</b> _____	

**EMPLOYEE CONTACT INFORMATION AND LOCATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Building Location:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Items Requested** (Please fully describe)

**Supervisor** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Director** \_\_\_\_\_ **Signature** \_\_\_\_\_

\*\*\*\*\*

**For Administrative Services Department use only:**

**Resolved By:** \_\_\_\_\_ **Materials Required: Y or N**

**Notes:**

**Assigned To:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_  
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**Procedure:**

1. Please complete form fully and submit to your Supervisor and Program Director for approval.
2. If this request is for items other than Supplies, please forward request to [warehouse@liu18.org](mailto:warehouse@liu18.org).
3. Administrative Services Department logs request, assigns a sequential number and forwards request for delivery assignment.
4. ALL ITEMS MUST BE REQUESTED 2 WEEKS BEFORE DELIVERY.