

LUZERNE INTERMEDIATE UNIT 18
ADMINISTRATIVE SERVICES DELIVERY ORDER FORM

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|------------------------------|-------------------------------|
| Date Requested: _____ | Delivery Order # _____ |
| Date Needed: _____ | |

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:** _____

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.
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.