

DELIVERY RECEIPT/ONE PAGE PER PACKAGE

Sending School Pick Up Information

*Please complete the below information. Once completed, please print and sign your name.

To Be Completed By Principal/Designee

Completed By: (Please Print Name)	
Date:	

Sending School	Receiving School	Description	Quantity	Signature/Comments

Receiving School Receipt Information

*Please confirm the above information. Once confirmed please complete the below section, print and sign your name.

To Be Completed By Principal/Designee

Completed By: (Please Print Name)	
Date:	
Signature:	
Comments:	