

TRANSPORTATION ORDER

LOS ANGELES UNIFIED SCHOOL DISTRICT

RETURN FORM TO:
jorge.hernandez5@lausd.net

DATE:			
PICK-UP AT	School or Office (Official Name)	Cost Center (Location Code)	
	Address	Building & Room Number	
DELIVER TO	School or Office (Official Name)	Cost Center	<input type="checkbox"/> GENERAL STORES <input type="checkbox"/> SURPLUS PROPERTY (SALVAGE) <input type="checkbox"/> TRANSFERS
	Address	Building & Room Number	
APPROVED BY (Name, Title & Signature)		Contact Person & Telephone Number	

RECEIVING CHECK	QUANTITY	UNIT	STOCK/SERIAL NUMBER	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE	PROGRAM CODE

RELEASED BY: _____ signature _____ date _____
 _____ print name _____ position / title _____

ABOVE ITEMS PICKED UP BY:	DATE:	RECEIVING CLERK'S SIGNATURE	DATE:
FOR GENERAL STORES SECTION USE ONLY:			
<input type="checkbox"/> Inspected and approved for return stock <input type="checkbox"/> Verified as defective Signed _____ Date _____		<input type="checkbox"/> APPROVED FOR CREDIT <input type="checkbox"/> NO credit to be allowed Signed _____ Date _____	
FOR JOB COST - INVENTORY CONTROL USE ONLY:			
Reviewed by _____		Date _____	
Approved for input by _____		Date _____	
Input by _____		Date _____	