

WESLACO INDEPENDENT SCHOOL DISTRICT WAREHOUSE STAFF REQUEST

REQUEST # _____

Campus / Department _____ Date _____

Requestor's Name _____

DESCRIPTION

1. Specific items and quantity to be moved and where:

NOTE: Inventory Transfer Form required.

2. Contact Person/Place (Shipping Campus/Dept.)

3. Contact Person/Place (Receiving Campus/Dept.)

4. Estimated length of time required:

ASSIGNMENT - WAREHOUSE OFFICE USE ONLY

Warehouse Staff : _____ Date : _____

Time : _____

Date Completed : _____ **Time Completed :** _____

Requestor's Signature / Verify Completion : _____ **Warehouse Staff Initials on Completion :** _____

White - File Copy Yellow - Warehouse Pink - Requesting
Warehouse Clerk School