

RETURN OF CUSTODIAL SUPPLIES

DATE: \_\_\_\_\_ SCHOOL#: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

| ITEM # | QUANTITY | DESCRIPTION |
|--------|----------|-------------|
| _____  | _____    | _____       |
| _____  | _____    | _____       |
| _____  | _____    | _____       |
| _____  | _____    | _____       |
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| _____  | _____    | _____       |
| _____  | _____    | _____       |
| _____  | _____    | _____       |

RETURNED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

PICKED UP BY: \_\_\_\_\_

NOTE: THIS FORM WILL BE SUBMITTED TO THE WAREHOUSE (**FAX: 728-7979**) PRIOR TO ANY CUSTODIAL SUPPLIES BEING RETURNED. ONCE APPROVED BY THE WAREHOUSE SUPERVISOR OR WAREHOUSEMAN, THE ITEMS WILL BE PICKED UP BY A DELIVERY DRIVER.