



Work Order

Pickups, Returns and Delivery Services -- Freight Forwarding Section -- NIH / OD / OM / OALM / OLAO / DLS / TMB

Serial Number	Date Ordered	Date of Service
---------------	--------------	-----------------

ITEM	DESCRIPTION	LOCATION	QUANTITY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total:			

REQUESTOR INFORMATION

Print Name	From	
	Building	Room
Phone Number	Building	Room
	Street	
Special Instructions	City, State/Country	
	To	
	Building	Room
	Street	
	City, State/Country	

DRIVER INFORMATION

Driver Name	Vehicle Number	
Time Started	Time Completed	Number of Items

RECEIVED IN GOOD CONDITION

Signature	Print Name	Date
-----------	------------	------