Delgado
COMMUNITY COLLEGE

Receiving/Property Control Departments
<u>TEMPORARY PROPERTY STORAGE FORM</u>

Date:_____

Employee's Name: _____ Title: _____

Department: _____ Supervisor: _____

REQUEST FOR STORAGE OF ITEMS -

This is to document my request that the Delgado Receiving/Property Control Departments hold off on the delivery of the items delivered on the Purchase Order listed below until my department can safely secure the items. I understand I am responsible to contact Receiving/Property Control immediately when I can accept the items.

    Purchase Order (PO)#_____

    General Description of Items for Temporary Storage:

_____

_____   _____
Releasing Employee's Signature   Date

_____   _____
Releasing Employee's Supervisor Signature   Date

ACCEPTED FOR TEMPORARY STORAGE -

_____   _____
Delgado Receiving/Property Control Signature   Date

RELEASED FROM TEMPORARY STORAGE -

_____   _____
Delgado Receiving/Property Control Signature   Date

RELEASED TO DEPARTMENT -

I understand I am accepting responsibility for the items stored items as per the PO# and request above.

    Receiving Employee's Signature _____ Date _____