



**Receiving/Property Control Departments
TEMPORARY PROPERTY STORAGE FORM**

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 _____