

**LUZERNE INTERMEDIATE UNIT 18
OPERATIONAL SERVICES DELIVERY ORDER FORM**

Date Requested: _____	Delivery Order # _____
Date Needed: _____	

EMPLOYEE CONTACT INFORMATION AND LOCATION

Name: _____ **Phone:** _____

Department: _____ **Program:** _____

Building Location: _____ **Room #:** _____

Items Requested (Please fully describe)

Supervisor _____ **Signature** _____

Director _____ **Signature** _____

For Operational Services Department use only:

Resolved By: _____ **Materials Required: Y or N**

Notes:

Assigned To: _____ **Date Completed:** _____

Procedure:

1. Please complete form fully and submit to your Supervisor and Program Director for approval.
2. If this request is for items other than Supplies, please forward request to Karen Karboski in the Operational Services Department.
3. Operational Services Department logs request, assigns a sequential number and forwards request for delivery assignment.
4. ALL ITEMS MUST BE REQUESTED 2 WEEKS BEFORE DELIVERY.