

WAREHOUSE
PICK UP REQUEST

DATE:	<input type="checkbox"/> Pick Up <input type="checkbox"/> Delivery --LOCATION:
REQUESTOR NAME:	PHONE NUMBER:
DEPARTMENT:	ACU BOX:

SERVICE REQUEST	QTY	SERVICE REQUEST	QTY
Shredding Container "Full" \$10.00/container		Shredding Container "Need Empty"	
Blue Recycling Bag		Bags of "Shredding"	
Cardboard		Bags of "Plastic"	
Batteries		Bags of "Cans"	
Toner Cartridges		Packages for Return & "UPS Call Tags – HOLD at the warehouse	
Storage Files: <u>Return</u> to Storage Unit #: Items:		Storage Files: <u>Retrieve</u> from Storage Unit #: Items:	
Other:		Other:	

SHREDDING ONLY:

Charge FOAP:	Total Charge: \$
Journal Voucher #	Initials: Date:

SPECIAL INSTRUCTIONS & NOTES:

Please save this empty form to your desktop. Fill in the appropriate blanks for your pick-up request, save the changes to your desktop, then email the completed form to warehouse@groupmail.acu.edu

WAREHOUSE USE ONLY

Picked Up By:	Date:
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Department Signature:	Date:
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