



# Work Order

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

Serial Number	Date Ordered	Date of Service
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#	ITEM	DESCRIPTION	LOCATION	QUANTITY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total:				

## REQUESTOR INFORMATION

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