

New Jersey Interlibrary Delivery System

APRIL 2010

LIBRARY NAME: _____

This log is to be filled in by the LIBRARY's staff!!!

*** PLEASE RECORD NUMBER OF OUTGOING PACKAGES DAILY ***

| DAY OF MONTH | INITIALS OF DRIVER | ITEMS SENT INSIDE INFOLINK REGION | ITEMS SENT TO CJRLC, HRLC, and/or SJRLC | RECEIVED FROM DELIVERY |
|--------------|--------------------|-----------------------------------|---|------------------------|
| S/S | | | | |
| | | | | |
| | | | | |
| 1 | | | | |
| 2 | <i>Good Friday</i> | | <i>No Delivery</i> | |
| S/S | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| S/S | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| S/S | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| S/S | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
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TOTALS:

- Make sure library's name is on the form; PLEASE TALLY TOTALS at the end of the month
- Return or fax the completed form to the INFOLINK office by the **15th of the following month**
- Please note any missed delivery or problem directly onto this sheet along with a call to our office

