

New Jersey Interlibrary Delivery System

NOVEMBER 2009

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				
2				
3				
4				
5				
6				
S/S				
9				
10				
11		VETERANS DAY	NO DELIVERY	
12				
13				
S/S				
16				
17				
18				
19				
20				
S/S				
23				
24				
25				
26		THANKSGIVING	NO DELIVERY	
27		DAY AFTER THANKSGIVING	NO DELIVERY	
S/S				
30				
S/S				

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

