

New Jersey Interlibrary Delivery System

November 2010

LIBRARY NAME: _____

DELIVERY ID: _____ **CONTACT EMAIL:** _____

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
S/S		
1		
2		
3		
4		
5		
S/S		
8		
9		
10		
11	<i>Veterans Day</i>	
12		
S/S		
15		
16		
17		
18		
19		
S/S		
22		
23		
24		
25	<i>Thanksgiving</i>	
26		
S/S		
29		
30		

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 10th of the following month
- Please note any missed delivery or problem directly onto this sheet along with a call to our office