

New Jersey Interlibrary Delivery System

OCTOBER 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
<i>S/S</i>				
1				
2				
<i>S/S</i>				
5				
6				
7				
8				
9				
<i>S/S</i>				
12		<i>COLUMBUS DAY</i>	<i>NO DELIVERY</i>	
13				
14				
15				
16				
<i>S/S</i>				
19				
20				
21				
22				
23				
<i>S/S</i>				
26				
27				
28				
29				
30				
<i>S/S</i>				

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**

