

New Jersey Interlibrary Delivery System October 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 |
|--------------------|--------------------------|------------|
| S/S | | |
| | | |
| | | |
| | | |
| | | |
| 1 | | |
| S/S | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| S/S | | |
| 11 | <i>Columbus Day</i> | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| S/S | | |
| 18 | | |
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
| S/S | | |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |
| 29 | | |
| 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 **10th of the following month**
- Please note any missed delivery or problem directly onto this sheet along with a call to our office