

New Jersey Interlibrary Delivery System

September 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		
2		
3		
S/S		
6	<i>Labor Day</i>	
7		
8		
9		
10		
S/S		
13		
14		
15		
16		
17		
S/S		
20		
21		
22		
23		
24		
S/S		
27		
28		
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