



Computer Equipment Delivery Request

Department of Materials Management
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

MCPS Form 234-5
May 2009

*AFFIX
 LABEL
 HERE*

From: DISTRIBUTION CENTER

Date: ____/____/____

Deliver to: _____

Attention: _____

Signature (at time of delivery)

Print Name

Purchase Order # _____

Manufacturer	Model	Serial #	Bar Code #
Computer:			
<input type="checkbox"/> Monitor			
<input type="checkbox"/> Printer			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
Computer:			
<input type="checkbox"/> Monitor			
<input type="checkbox"/> Printer			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
Computer:			
<input type="checkbox"/> Monitor			
<input type="checkbox"/> Printer			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			

To be completed by Materials Management:

Truck _____ Driver _____ Date ____/____/____