Montgomery County Public Schools
UNLEASHING POTENTIAL

MCPS Form 234-10
May 2026

Delivery and Transfer Request

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

PICK UP FROM:

_____
Name of School and/or Office

_____
Signature (at time of pick-up)

DATE AND TIME OF PICK-UP AND DELIVERY

Date _____/_____/_____ Time _____:_____

DELIVER TO:

_____
Name of Person Making Request

_____
Name of School and/or Office

_____ _____
Signature (at time of delivery) *Print Name*

Date _____/_____/_____ Time _____:_____

If procedure is to be reversed, indicate date _____/_____/_____

_____ _____
Printed Name (at time of pick-up) *Signature (at time of pick-up)*

_____ _____
Printed Name (at time of delivery) *Signature (at time of delivery)*

COMMENTS:

To be completed by Materials Management at time of pick-up:

Truck _____ Date _____/_____/_____

Driver _____ Time _____:_____

To be completed by Materials Management at time of delivery:

Truck _____ Date _____/_____/_____

Driver _____ Time _____:_____

DISTRIBUTION: COPY 1/Department of Materials Management DMMWarehouse@mcpsmd.org; COPY 2/School