

“INSTRUCTIONS” DO NOT LIST MULTIPLE PICK UP
OR MULTIPLE DESTINATION POINTS

YOU MUST COMPLETE SECOND
LINE FOR CAPITAL EQUIPMENT

WCCCD CONSIGNMENT FORM

DATE	FROM RM #	SHIP FROM - CENTER
	L-7	
SHIP DATE	TO RM #	SHIP TO - CENTER

WAYNE COUNTY COMMUNITY COLLEGE

APPROVED BY _____

ITEM NUMBER

QTY.	WEIGHT	DESCRIPTION
MANUFACTURERS NAME		MODEL
		SERIAL NUMBER
		TAG NO. 04935
MANUFACTURERS NAME		MODEL
		SERIAL NUMBER
		TAG NO. 34159
MANUFACTURERS NAME		MODEL
		SERIAL NUMBER
		TAG NO.
MANUFACTURERS NAME		MODEL
		SERIAL NUMBER
		TAG NO.
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		TAG NO.
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		SERIAL NUMBER
		TAG NO.
MANUFACTURERS NAME		MODEL
		SERIAL NUMBER
		TAG NO.

DRIVER SIGNATURE	DATE	DELIVERED		YES		NO
RECEIVED IN GOOD CONDITION	DATE	DAMAGE GOODS RECEIVED				
X		X				