

Mesa Unified School District #4

SCIENCE KIT PICKUP REQUEST

Use this form if you are sending science kits back to SSRC

This section to be completed by requester.

Please type or print clearly

Pickup From:

School/Department: _____ Location: **PLEASE STAGE IN THE DESIGNATED PICK UP/DROP OFF LOCATION AT YOUR SITE.**

Number of kits: _____

Contact Person: _____ Phone Number: _____ Date: _____

Take To:

School/Department: **SSRC/549 N. Stapley Dr. Mesa, AZ 85203 Building 3** Number of Cartons: _____

***ANYTHING OVER 5 KITS MUST BE ON A PALLET.
PLEASE REQUEST A PALLET IF YOU NEED ONE.
PLEASE STAGE IN THE DESIGNATED
PICK UP/DROP OFF LOCATION AT YOUR SITE.***

****PLEASE SCAN AND EMAIL TO JRWAITE@MPSAZ.ORG ****

TO BE COMPLETED BY SITE RECEIVING KITS

****NAME OF PERSON ACCEPTING KITS****

PLEASE PRINT NAME _____ DATE: _____

TO BE COMPLETED BY MDC DRIVER

MDC Work Order No. _____

_____ #Kits picked up

Drivers Name & Date _____

_____ #Kits dropped off

Drivers Name & Date _____