



# WAYNE COUNTY COMMUNITY COLLEGE DISTRICT CONSIGNMENT FORM

Date:	Requested Shipping Date:
<b>Ship From Location</b>	
[Name/Department] [Address/Campus]	
<b>Ship To Location</b>	
[Name/Department] [Address/Campus]	

QTY	Weight	Description		
Manufactures Name		Model	Serial Number	Tag No.
QTY	Weight	Description		
Manufactures Name		Model	Serial Number	Tag No.
QTY	Weight	Description		
Manufactures Name		Model	Serial Number	Tag No.
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QTY	Weight	Description		
Manufactures Name		Model	Serial Number	Tag No.
QTY	Weight	Description		
Manufactures Name		Model	Serial Number	Tag No.



Driver Signature _____ Print _____	
Date _____	Delivered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shipper Signature _____  Print _____ Date _____ This is to certify that the above materials are packaged, marked and labeled, and is in proper condition for transportation.	Receiver Signature _____  Print _____ Date _____ This is to certify that the above materials were received in proper condition.