

Hand-Carry Delivery Slip

Use this form when a signed receipt of delivery is required.

TO	Name		Building	Room
	Date Delivered	Time	Phone No.	
	Signature of Receipt		Special Instructions	
FROM	Sender's Name		Building	Room
	Date Sent	Time	Mail Stop Code	Phone No.
	Brief Description			

NIH 2735 (12/13)

Instructions for delivery staff: After delivering this package, return the **white** copy of this form to the Sender. Use the address shown in the shaded part of the form (the "From" section).