

# Hand-Carry Delivery Slip

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

<b>TO</b>	Name		Building	Room
	Date Delivered	Time	Phone No.	
	Signature of Receipt		Special Instructions	
<b>FROM</b>	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).