

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						

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).