

AGENCY INFORMATION

Agency Name		Agency Billing Code		Date
Agency Address		City	State	Zip Code
Authorized By		Work Email		Work Phone Number

STORAGE REQUEST

Ship Items (provide address below)	Will be picked up	Place in Storage	
Ship to Address	City	State	Zip Code

STORAGE ITEMS

Item	Number of Units	Agency Control Number	Item Code	Location	Description
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

TRANSIT STORAGE USE ONLY

Warehouse	Date	Status	Freight Charges	ID
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