

Florida Statewide Library Route/Courier Delivery Service DELIVERY STATISTICAL FORM

LIBRARY NAME: _____

FOR THE MONTH OF: _____

DATE	# of Packages SENT	# of Packages RECEIVED	Driver's Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL			

Please send this form to the delivery service coordinator via route delivery or fax to 813-628-4425 at the end of each month. **Use a new form for every month.**