

POWAY UNIFIED SCHOOL DISTRICT
PROPERTY TRANSFER & WAREHOUSE PICKUP REQUEST

FOR TRANSFER OF DISTRICT ASSETS, PLEASE USE FORM PUR-55

TO:

DELIVER TO: (NAME)	DATE:
SITE / DEPARTMENT / LOCATION	PHONE:

FROM:

REQUESTED BY: (NAME)	DATE:
SITE / DEPARTMENT / LOCATION	PHONE:

TYPE OF MATERIAL: Put all items going from your site to the same location on one form. For additional space, attach a sheet of paper.

INSTRUCTIONS: Please be sure to * lightly * tape 3 copies of completed form to box #1

1. Box up the materials to be transferred and tape the boxes closed. The boxes should not be larger than a copy paper box and sturdy enough to handle the weight of the items.
 - a. Write the name of the receiving site on the **top** of the box. If more than one box, write the name of the receiving site on the top of **each** box and number the boxes 1 of 3, 2 of 3 and 3 of 3 etc.
 - b. Boxes are to be left in the office by the mail bag, or the sites' designated pick up area.
2. **Completely fill out** the [PROPERTY TRANSFER & WAREHOUSE PICKUP REQUEST FORM \(PUSD PUR-50\)](#) located on our Intranet or access it through the provided link above.
 - a. Original, plus 2 copies of the PUR-50, **must be lightly taped to the top*** of the first box.
 - b. The driver will sign and leave one copy with the originator.
 - c. The receiving site, of the PUR-50, will sign one copy and keep the unsigned one for their records.
 - d. Warehouse staff will file the signed copy of the PUR-50.

The completed PUR-50 form should be emailed to the Warehouse, TPCWarehouse@powayusd.com or faxed to 858.679.8561. This will alert them of the pending pickup and number of boxes so the driver will be prepared with appropriate equipment to handle the pickup.

***Please do not over tape. Form will need to be removed at time of pickup by Warehouse staff so a copy can be completed and left at your site.**

NUMBER OF CARTONS, PACKAGES, BOXES, ETC.

NUMBER OF PALLETS

Please shrink wrap palletized items

SHIPPING:

SHIP VIA:		<input type="checkbox"/> UPS – ACCOUNT NUMBER FOR UPS SHIPPING CHARGE:
<input type="checkbox"/> DISTRICT TRUCK	<input type="checkbox"/> POST OFFICE	Acct. No. _____
<input type="checkbox"/> OUTSIDE VENDOR OR MOVING COMPANY		<input type="checkbox"/> RETURN AUTHORIZATION NUMBER
INSURE FOR: (DOLLARS)	Authorization No. _____	
\$ _____		

SIGNATURES & DATES:

WAREHOUSE SUPERVISOR: X	DATE:
PICKED UP BY: X	DATE:
RECEIVED BY: X	DATE:

DATE COMPLETED:	BY: (NAME)
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