QUARTERLY MAIL/UPS DELIVERY REIMBURSEMENT REQUEST

Library:_____ Delivery Code_____
Address:_____
_____

Quarter: Jan/March April/June July/Sept Oct/Dec

Date	# of Pkgs.	# of materials	UPS	US Mail	Cost

Attach copies of all receipts.

Return to:

Prairie Area Library System
Attn: Delivery Supervisor
405 Earl Road
Shorewood, IL 60404