



CityServe Request/Delivery Form

Name:
Organization:
Telephone No.:
Outreach Type:

ORDER DATE:

ORDER #:
SCHEDULE DATE/TIME:

REQUESTED				DELIVERED
**We will do our best to fill this order as requested. Please be aware there may be some items unavailable.				
✓	Description of goods	QTY	TYPE: EA, BOX, PALLET	Checked
	Food/Snacks -			
	Drinks-			
	Toilet Paper-			
	Paper Towels-			
	Diapers - Size: _____			
	Toys-			
	Dog Food-			
	Clothing -			
	Hygiene -			
	Office Supplies-			
	Furniture - (list items)			
	Bed/Bedding- (list items)			
	Seasonal- (list items)			
	Other- Please list below			

DELIVERY NOTE:

**By signing below I agree that goods received in good order*

Name

Signature

Date

We commit and certify that goods received will not be sold or traded. It will be used for compassion and accompany the testimony of Jesus Christ towards the broken and hurting. We also commit to promptly file reports and testimonies to City Serve.