## **Incoming Items Record Sheet**

Date:	<b>CSO NAMES</b>	CENTRE
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Time In	From: Sender's name	For: Staff members Name and Dept	Description Of Item	How contacted (please tick)			Picked up by: (print name)	COMMENTS
						RMU		

At the end of each day if the item has not been collected, go to Council Assist for the process.