

MIDLOTHIAN INDEPENDENT SCHOOL DISTRICT  
TEXTBOOK SURPLUS FROM CAMPUSES

TITLE: \_\_\_\_\_

AMOUNT SENT TO WAREHOUSE: \_\_\_\_\_

ISBN#: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_

**FORM MUST BE FILLED OUT AND SENT WITH TEXTBOOKS.**

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**WAREHOUSE ONLY**

**CHECK OFF LIST:**

TITLE RECEIVED: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_

DATE RECEIVED AND CHECKED: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

**YOU WILL RECEIVE A COPY OF THIS FORM BACK .**