

**SWON Libraries
Delivery Service
Bill of Lading Form**

SWON Libraries Office – (513) 751-4422

Date : _____

Sending Library : _____

Authorizing Person : _____

Shipper's Signature : _____

Media - # Returning : _____

Total # of Items : _____

Direct Lends - # Returning : _____

Total # of Packages : _____

ILL - # Returning : _____

ILL - # Sending : _____

Receiving Library : _____

Receiver's Signature : _____