



SHARE

Item Payment

Clear Form

Date: _____

Requesting Library: _____

Owning Library: _____

Borrower Name: _____ Barcode: _____

Item Title: _____

Item Barcode: _____

Collected by: _____

Lost Charge: _____
Processing Fee: _____
Total: _____

*Adopted 04/14/2016
Amended 08/08/2024*



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