



# DELIVERY VERIFICATION FORM

## PETROLEUM PRODUCTS

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**SITE NAME:** \_\_\_\_\_ **SITE CODE:** \_\_\_\_\_ **DELIVERY DATE:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **TEL. NO:** \_\_\_\_\_

**DRIVER NAME:** \_\_\_\_\_ **DRIVER TEL:** \_\_\_\_\_

**TRUCK NUMBER:** \_\_\_\_\_ **FUEL TYPE DELIVERED:** \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Before Fuel Delivery Reading	
90% Ullage	T:1      T:2      T:3
Truck Meter Start	
Stick Reading	
Delivery Ticket Gross	

After Fuel Delivery Reading	
90% Ullage	T:1      T:2      T:3
Truck Meter End	
Stick Reading	
Delivery Ticket Net	

**Before**  
**Veeder-Root**  
**(TLS 350)**  
**Tape Reading**

**Attach Here**

**After**  
**Veeder-Root**  
**(TLS 350)**  
**Tape Reading**

**Attach Here**