

Shipping Request

Fed Ex UPS Tracking No. _____

Requester Information:

Requested By: _____ Date Submitted: _____

Email Address: _____ Phone Number: _____

Account String: _____
Fund DeptID Program Project CF1 CF2 EmplID

Justification:

What is being shipped? _____

What is the RMA number (if you have one)? _____

Why is this shipping necessary? _____

Comments/Special Instructions: _____

Company Address

Contact Name: _____	City: _____
Company: _____	State: _____
Address : _____	Zip: _____
Address: _____	Country: _____
Email Address: _____	Phone Number: _____

Package and Shipment Details

Number of Packages: _____	Weight: _____	Package Dimensions: _____ x _____ x _____
Service Type: <i>(Listed in order of most expensive to least expensive)</i>		
<input type="checkbox"/> First Overnight (Morning)	<input type="checkbox"/> Priority Overnight (Midday)	<input type="checkbox"/> Standard Overnight (Afternoon)
<input type="checkbox"/> 2 Day AM (Morning)	<input type="checkbox"/> 2 Day (Afternoon)	<input type="checkbox"/> Express Saver (Third Day)
<input type="checkbox"/> Ground (Least Expensive)		

****Please bring package(s) and form to the Purchasing Office ME 1100.***

PI/Advisor Signature: _____

Accountant Signature: _____