

Chemistry Department Shipping Form

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|---|---------------------------------|----------------------------|--------------------------------|-------------------------------|
| 1. FROM (Shipper) | | | | |
| <i>Date:</i> | | <i>Department:</i> | | |
| <i>Name:</i> | | <i>Building:</i> | | |
| <i>E-mail:</i> | | <i>Room:</i> | | |
| <i>Phone #:</i> | | <i>Approval:</i> | | |
| <i>Fund #:</i> | | <i>Org. #:</i> | | |
| 2. TO (Recipient) | | | | |
| <i>Country:</i> | | | | |
| <i>Company:</i> | | | | |
| <i>Contact Name:</i> | | | | |
| <i>Delivery Address:</i> | | | | |
| <i>City:</i> | | <i>State:</i> | | <i>ZIP:</i> |
| <i>Phone #</i> | | <i>Ext:</i> | <i>RGA #</i> | <i>(Optional)</i> |
| 3. PACKAGE AND SHIPMENT DETAILS | | | <i>International Shipments</i> | |
| <i>FedEx First Overnight</i> | | <i>FedEx 2Day</i> | | <i>International First</i> |
| <i>FedEx Priority Overnight</i> | | <i>FedEx Express Saver</i> | | <i>International Priority</i> |
| <i>FedEx Standard Overnight</i> | | <i>FedEx Ground</i> | | <i>International Economy</i> |
| <i>No. of Packages</i> | <i>Package Insurance</i> | | <i>NO</i> | <i>YES</i> |
| <i>Weight</i> | <i>Package Insurance Value:</i> | | | |
| 4. DESCRIPTION OF CONTENTS (Required) | | | | |
| <i>Special Handling</i> | | | | |
| <i>Description of Item(s) Being Shipped</i> | 1) | | | |
| | 2) | | | |
| | 3) | | | |
| <i>Unit of Measure (each, ml, kg, g)</i> | | | | |
| <i>Commodity Weight</i> | | | | |
| <i>Country of Manufacture</i> | | | | |
| <i>Customs Value</i> | | | | |
| DO NOT WRITE BELOW THIS AREA (FOR OFFICE USE ONLY) | | | | |
| <i>Shipping Cost \$</i> | | | | |
| <i>Tracking #</i> | | | | |
| <i>Notes:</i> | | | | |