# Chemistry Department
## Shipping Form

### 1. FROM (Shipper)
- **Date:**
- **Department:**
- **Name:**
- **Building:**
- **E-mail:**
- **Room:**
- **Phone #:**
- **Approval:**
- **Fund #:**
- **Org. #:**

### 2. TO (Recipient)
- **Country/Location:**
- **Company:**
- **Contact Name:**
- **Delivery Address:**
- **City:**
- **State:**
- **ZIP:**
- **Phone #:** __ext:__ __RGA #:__ (Optional)

### 3. PACKAGE AND SHIPMENT DETAILS
<table>
<thead>
<tr>
<th>Service Type</th>
<th>International Shipments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FedEx First Overnight</td>
<td>FedEx 2Day</td>
</tr>
<tr>
<td>FedEx Priority Overnight</td>
<td>FedEx Express Saver</td>
</tr>
<tr>
<td>FedEx Standard Overnight</td>
<td>FedEx Ground</td>
</tr>
<tr>
<td><strong>International First</strong></td>
<td><strong>International Priority</strong></td>
</tr>
<tr>
<td><strong>International Priority</strong></td>
<td><strong>International Economy</strong></td>
</tr>
</tbody>
</table>

- **No. of packages**
- **Insurance**: Y N
- **Weight**
- **Insurance value $**

### 4. DESCRIPTION OF CONTENTS (Required)
- **Special Handling required eg. (DRY ICE, ICE PACK):**
- **Description of Item(s) Being Shipped:**
  1)
  2)
  3)
- **Unit of Measure ex., (ml, kg, g)**
- **Commodity Weight**
- **Country of Manufacture**
- **Customs Value $**

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*DO NOT WRITE BELOW THIS AREA***

**FOR OFFICE USE ONLY**

- **Shipping Cost $**
- **Tracking #**
- **Notes:**

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REV. 001