

Today's Date: _____

SHIPPING REQUEST

** = Required Fields*

*** SHIP TO:**

MEMO #: _____

Insured For: _____
(automatically insured up to \$100;
indicate amount over \$100)

* Above address is: Commercial Residential
(MUST be checked)

- UPS Ground UPS Next Day
 UPS 2nd Day
 UPS 3 Day
 UPS Saturday

CHARGE TO:

Other (specify) _____

* Department: _____

* Mail Code: _____ *Dept. Fax: _____

* Speedtype/LVPA: _____ * Extension: _____

Pre-paid Collect

* Prepared By: _____

DESCRIPTION:

X _____
Department Signature

* Number of Packages: _____

* Description of Material:

Remarks:

Call x2878 for package pick up or  Fax: 893-5398 your form.

Note: Central Receiving will Fax or send via campus mail a Receipt of Delivery for your records. Please include your department fax number as well as your mail code.