## REQUEST FOR SHIPMENT FORM

All outgoing packages must be properly packaged & secured.

If the item(s) are being returned to the vendor, <u>DO NOT</u> seal the package, additional paperwork will need to be enclosed.

DATE:		PHONE NUMBER:	-			
NAME:		_ E-MAIL:				
SERVICE (Leave blank if no preference):	UPS	FED EX	Other:			
SHIPPING DELIVERY TYPE (Ground is th Next Day 10:30 a.m. 2 <sup>nd</sup> Day		<sup>,</sup> 12:00 p.m.	Next Day	<b>ly justified):</b> y 3:00 p.m. Saturday		
JUSTIFICATION FOR DELIVERY OTHER	THAN GROUN	ND:				
SEND SHIPMENT TO:						
ATTENTION:						
DESCRIPTION OF CONTENTS IN PACKA	GE:					
MONETARY VALUE (for insurance purpo	ses):					
WEIGHT (if unknown, please estimate):	 Lbs.	DIMENSIONS: _	Length		Height	
BUSINESS PURPOSE OR IF PURCHASE		BEING RETURNED	Ü		ŭ	
Accounting						
INDEX NUMBER:	or if unknown IDEX NUMBER: PROJECT DESCRIPTION:					
Approval PI SIGNATURE: PI will authorize via	omail (attacha	<u>d)</u> D	ATE:			
Do not write below this line		MINISTRATIVE USE			ot write below this line	
	ACCOUNT (			PERCENTAGE	write below this line	
		\$		%		
		\$		%		
DATE RECEIVED:		EXP	ENSE REPO	RT NO.		
DATE COMPLETED:				IOUNT:		
NOTES:						