

Department Information

Department _____

Contact Name _____

Building/Rm # _____

Contact Phone # _____

Account # _____

Contact Email _____

Vendor Information

Choose One: Recipient (Shipping a package to)

Sender (Receiving a package from)

Contact Name _____

Contact Phone # _____

Company _____

Street Address _____

Suite/Apt/Room _____

City/Town/Locality _____

State/Province _____

Zip/Postal Code _____

Country _____

Package Information

Deliver By: Date _____ Time _____

Delivery Carrier: No Preference UPS Fed Ex

Insurance: Yes No If Yes, Declared Value _____

Signature Required: Yes No

Equipment Repair: Yes No If yes, does department need a return shipping label Yes No

Special Requirements: Dry Ice Freezer Fridge Room Temperature

Quantity _____ Unit Type _____ Tracking # (if known) _____ Weight (lbs) _____

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Quantity _____ Unit Type _____ Tracking # (if known) _____ Weight (lbs) _____

Comments _____

Section below is to be completed by the Freight Dock Office (Rev 2/13/2013)

Received By _____ Date _____ Time _____ AM / PM Total Cost: _____