

No.R-57026

SHIPPING MEMO

A DEPARTMENT _____ DATE _____

ORIGINATOR _____ E-MAIL _____ PHONE # _____

BILLING ID OR CHART OF ACCOUNT (COA)/FULL ACCOUNTING UNIT (FAU) _____

PURCHASE ORDER NO. _____

STOREHOUSE REQ. NO. (COPY OF PACKING SLIP REQUIRED) _____

B SHIP VIA: (CHECK APPROPRIATE BOXES)

OVERNIGHT A.M. SATURDAY DELIVERY

2ND DAY DELIVERY

3RD DAY DELIVERY

GROUND

YELLOW

VENDOR PICKUP

OTHER _____
(E.G., DHL, AIRBORNE, EMERY, CALL 752-0663 FOR ARRANGING WITH THESE CARRIERS.)

INTERNATIONAL: FED EX OTHER _____

BILL TO: SHIPPER (PREPAID) RECIPIENT (COLLECT)

APPLY CARRIER INSURANCE
(SEE P&P 370-30 FOR ITEMS NOT COVERED UNDER UNIVERSITY SELF-INSURANCE FUND, GIVE VALUE IN "E" BELOW.)

SHIP TO: _____
TO (RECIPIENT'S NAME)

RECIPIENT'S PHONE NUMBER (MANDATORY FOR INTERNATIONAL) _____

COMPANY _____

STREET ADDRESS (P.O. BOX NUMBERS ARE NOT DELIVERABLE) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

C REASON FOR SHIPMENT: _____

D DANGEROUS GOODS CLASSIFICATION: (Check appropriate boxes if applicable)

YES (If YES, then Hazardous Information Sheet must be attached)

NO

DRY ICE _____ lbs.

E NO. OF CARTONS SHIPPED	DESCRIPTION OF CONTENTS	ITEM VALUE	DO NOT WRITE WEIGHT
		<input type="checkbox"/> CHECK BOX IF ITEM IS CONSIDERED UC PROPERTY (APPLICABLE ONLY IF CARRIER INSURANCE IS REQUIRED)	

NOTE: WHEN RETURNING COMPRESSED GAS CYLINDERS, USE COMPRESSED GAS RETURN FORM (CALCODE #71461-249)

<p>F DELIVERED TO MATERIAL MANAGEMENT X</p>	<p>AUTHORIZED SIGNATURE _____</p> <p>PLEASE TYPE OR PRINT NAME _____</p> <p>I declare that the contents listed above are true and accurate.</p>
<p>PICKED UP BY _____ DATE _____</p> <p>SIGNATURE _____</p>	<p>DEPARTMENT USE ONLY</p> <p>MATERIAL MANAGEMENT _____ DATE _____</p> <p>SIGNATURE _____</p>