

Request For Shipping

Requester: _____

Phone#: _____ Email: _____

Lab Group: _____ Lab Room#: _____

Carrier: _____ Carrier Account#: _____

Internal Coding: _____

Shipment Speed: ☐ Overnight (next morning) ☐ Overnight (next afternoon)
 ☐ Second Day ☐ Third Day ☐ Ground

Value of Item (Insurance Requested): _____

Shipment Address:

I have inspected the package, approve of the packing, and authorize the shipment of this package as is.

Signature: _____ Date: _____