

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><b>F</b> DELIVERED TO MATERIAL MANAGEMENT <b>X</b></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><b>DEPARTMENT USE ONLY</b></p> <p>MATERIAL MANAGEMENT _____ DATE _____</p> <p>SIGNATURE _____</p>