

## UNIVERSITY OF CALIFORNIA, DAVIS

## SHIPPING MEMO

**A** DEPARTMENT Chemistry DATE Date  
ORIGINATOR Rose Smith E-MAIL rrrsmith@ucdavis.edu PHONE # 754-7179  
BILLING ID OR CHART OF ACCOUNT (COA)/FULL ACCOUNTING UNIT (FAU) Account Number  
PURCHASE ORDER NO. \_\_\_\_\_  
STOREHOUSE REQ. NO. (COPY OF PACKING SLIP REQUIRED) \_\_\_\_\_

**B** SHIP VIA: (CHECK APPROPRIATE BOXES) INTERNATIONAL: BILL TO: SHIP TO: Name  
☒ OVERNIGHT ☐ A.M. ☒ FED EX ☐ SHIPPER (PREPAID)  
☐ SATURDAY DELIVERY ☐ OTHER \_\_\_\_\_ ☐ RECIPIENT (COLLECT)  
☐ 2ND DAY DELIVERY  
☐ 3RD DAY DELIVERY  
☐ GROUND  
☐ YELLOW  
☐ VENDOR PICKUP  
☐ OTHER  
(E.G., DHL, AIRBORNE, EMERY, CALL 752-0663 FOR ARRANGING WITH THESE CARRIERS.)  
(Recipient's Account #) \_\_\_\_\_  
☐ APPLY CARRIER INSURANCE  
(SEE P&P 370-30 FOR ITEMS NOT COVERED UNDER UNIVERSITY SELF-INSURANCE FUND, GIVE VALUE IN "E" BELOW.)  
TO (RECIPIENT'S NAME) \_\_\_\_\_  
Recipient's # is required  
RECIPIENT'S PHONE NUMBER (MANDATORY FOR INTERNATIONAL) \_\_\_\_\_  
Company  
COMPANY \_\_\_\_\_  
Address  
STREET ADDRESS (P.O. BOX NUMBERS ARE NOT DELIVERABLE) \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
City State Zip  
CITY STATE ZIP

**C** REASON FOR SHIPMENT: Research

**D** DANGEROUS GOODS CLASSIFICATION: (Check appropriate boxes if applicable) ☐ YES (If YES, then Hazardous Information Sheet must be attached)  
☒ DRY ICE lbs lbs. ☐ NO

<b>E</b> NO. OF CARTONS SHIPPED	DESCRIPTION OF CONTENTS	ITEM VALUE	DO NOT WRITE WEIGHT
<u>1</u>	<u>Analytical Samples</u> <u>Non-toxic</u> <u>Non-hazardous</u> <u>OR-RCI Approval attached</u> <u>Customs Form Provided</u>	<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)

<b>F</b> DELIVERED TO MATERIAL MANAGEMENT <input checked="" type="checkbox"/>	AUTHORIZED SIGNATURE _____ PLEASE TYPE OR PRINT NAME _____ I declare that the contents listed above are true and accurate.
	DEPARTMENT USE ONLY
PICKED UP BY _____ SIGNATURE _____ DATE _____	MATERIAL MANAGEMENT _____ SIGNATURE _____ DATE <u>Date</u>