

UNIVERSITY OF CALIFORNIA, DAVIS

SHIPPING MEMO

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

B	SHIP VIA: (CHECK APPROPRIATE BOXES)	INTERNATIONAL: <input checked="" type="checkbox"/> OVERNIGHT <input type="checkbox"/> A.M. <input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> 2ND DAY DELIVERY <input type="checkbox"/> 3RD DAY DELIVERY <input type="checkbox"/> GROUND <input type="checkbox"/> YELLOW <input type="checkbox"/> VENDOR PICKUP <input type="checkbox"/> OTHER (E.G., DHL, AIRBORNE, EMERY, CALL 752-6663 FOR ARRANGING WITH THESE CARRIERS.)	BILL TO: <input type="checkbox"/> SHIPPER (PREPAID) <input type="checkbox"/> RECIPIENT (COLLECT) (Recipient's Account #)	SHIP TO: Name 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)
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C	REASON FOR SHIPMENT: <u>Research</u>	STREET ADDRESS
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D	DANGEROUS GOODS CLASSIFICATION: (Check appropriate boxes if applicable)	<input checked="" type="checkbox"/> DRY ICE <u>lbs</u> <u>lbs.</u>	<input type="checkbox"/> YES (If YES, then Hazardous Information Sheet must be attached) <input type="checkbox"/> NO
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E	NO. OF CARTONS SHIPPED <u>1</u>	DESCRIPTION OF CONTENTS <u>Analytical Samples</u> <u>Non-toxic</u> <u>Non-hazardous</u> <u>OR-RCI Approval attached</u> <u>Customs Form Provided</u>	ITEM VALUE <input type="checkbox"/> CHECK BOX IF ITEM IS CONSIDERED UC PROPERTY (APPLICABLE ONLY IF CARRIER INSURANCE IS REQUIRED)
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F	DELIVERED TO MATERIAL MANAGEMENT <u>X</u>	AUTHORIZED SIGNATURE _____ PLEASE TYPE OR PRINT NAME I declare that the contents listed above are true and accurate.
PICKED UP BY _____ SIGNATURE _____	DATE _____	DEPARTMENT USE ONLY MATERIAL MANAGEMENT _____ SIGNATURE _____ DATE _____