

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)
☒ OVERNIGHT ☐ A.M. ☒ FED EX
☐ SATURDAY DELIVERY ☐ OTHER _____
☐ 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: _____
BILL TO: _____
☐ SHIPPER (PREPAID)
☐ RECIPIENT (COLLECT)
(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.)

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)
STREET ADDRESS
City State Zip
CITY STATE ZIP

C REASON FOR SHIPMENT: Research

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

E	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)

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