

UNIVERSITY OF CALIFORNIA, DAVIS

SHIPPING MEMO

A	DEPARTMENT Chemistry	DATE Date		
ORIGINATOR Rose Smith	E-MAIL rrsmith@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: <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 <small>(E.G., DHL, AIRBORNE, EMERY, CALL 752-0663 FOR ARRANGING WITH THESE CARRIERS.)</small>	BILL TO: <input type="checkbox"/> SHIPPER (PREPAID) <input type="checkbox"/> RECIPIENT (COLLECT) <small>(Recipient's Account #)</small>	SHIP TO: Name <small>TO (RECIPIENT'S NAME)</small>
				Recipient's # is required <small>RECIPIENT'S PHONE NUMBER (MANDATORY FOR INTERNATIONAL)</small>
				Company <small>COMPANY</small>
				Address <small>STREET ADDRESS (P. O. BOX NUMBERS ARE NOT DELIVERABLE)</small>
				<small>STREET ADDRESS</small>
				City State Zip
				<small>CITY STATE ZIP</small>

C	REASON FOR SHIPMENT: Research
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D	DANGEROUS GOODS CLASSIFICATION: (Check appropriate boxes if applicable)	<input type="checkbox"/> YES (If YES, then Hazardous Information Sheet must be attached)
	<input type="checkbox"/> DRY ICE _____ lbs.	<input type="checkbox"/> NO

E	NO. OF CARTONS SHIPPED 1	DESCRIPTION OF CONTENTS Analytical Samples Non-toxic Non-hazardous OR-RCI Approval attached Customs Form Provided	ITEM VALUE <input type="checkbox"/> CHECK BOX IF ITEM IS CONSIDERED UC PROPERTY (APPLICABLE ONLY IF CARRIER INSURANCE IS REQUIRED)	DO NOT WRITE WEIGHT
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NOTE: WHEN RETURNING COMPRESSED GAS CYLINDERS, USE COMPRESSED GAS RETURN FORM (CALCODE #71461-249)		
F	DELIVERED TO MATERIAL MANAGEMENT X	AUTHORIZED SIGNATURE _____ <small>PLEASE TYPE OR PRINT NAME</small> <small>I declare that the contents listed above are true and accurate.</small>
DEPARTMENT USE ONLY		
PICKED UP BY _____	MATERIAL MANAGEMENT _____ <small>SIGNATURE</small>	DATE Date <small>SIGNATURE</small>