

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

C	REASON FOR SHIPMENT:
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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	DESCRIPTION OF CONTENTS	ITEM VALUE	DO NOT WRITE
	1	Documents only	<input type="checkbox"/> CHECK BOX IF ITEM IS CONSIDERED UC PROPERTY (APPLICABLE ONLY IF CARRIER INSURANCE IS REQUIRED)	WEIGHT

NOTE: WHEN RETURNING COMPRESSED GAS CYLINDERS, USE COMPRESSED GAS RETURN FORM (CALCODE #71461-249)

F	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.	
PICKED UP BY			DEPARTMENT USE ONLY	
SIGNATURE			MATERIAL MANAGEMENT	
DATE			SIGNATURE	
			DATE	