

## 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  
 (CHECK APPROPRIATE BOXES) TO (RECIPIENT'S 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.)  
 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: \_\_\_\_\_

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

E NO. OF CARTONS SHIPPED 1 DESCRIPTION OF CONTENTS Documents only ITEM VALUE  
 DO NOT WRITE WEIGHT  
 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 <u>X</u>	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 _____