

ALL SHIPMENTS

MUST BE AT MAIL ROOM NO LATER THAN 2:00 P.M. FOR SHIPMENT

SENDER: Dept.: _____
Sender's Name: _____
Phone Number: _____

Shipping Address: Must have a street name and number – CANNOT deliver to P.O Box

SHIP TO: Name: _____
Company: _____
Room or Dept.: _____
Street Address: _____
City/State/Zip: _____
Country: _____
Phone Number _____

Contents: _____

Dry Ice: _____ LBS _____ Wet Ice _____

Does this shipment contain a hazardous substance? _____

Packing – Peanuts, foam, bubble wrap, cylinder (check)

Do you want insurance? _____ How much? _____ Value of contents? _____

If charged to addressee, their account # _____

How do you want this shipment sent? Overnight _____ 2nd Day _____ Standard UPS _____

