

SHIPPING MEMO

Today's Date: _____

** = Required Fields*

* SHIP TO:

MEMO #: _____

Insured For: _____
(automatically insured up to \$100;
indicate amount over \$100)

* Above address is: Commercial Residential
(MUST be checked)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> UPS Ground | <input type="checkbox"/> UPS Next Day |
| <input type="checkbox"/> UPS 2nd Day | <input type="checkbox"/> UPS 3 Day |
| <input type="checkbox"/> UPS Saturday | <input type="checkbox"/> Other (specify) |
- _____

CHARGE TO:

* Department: _____

* Mail Code: _____ * Dept. Fax: _____

* LVPA Number: _____ * Extension: _____

* Prepared By: _____

Pre-paid Collect

DESCRIPTION:

* Number of Packages: _____

X _____
Department Signature

* Description of Material: _____

Remarks: _____

Call x2878 for package pick up or  Fax: 893-5398 your form.

Note: Central Receiving will Fax or Send (campus mail) a Receipt of Delivery for your records. Please include your department fax number as well as your mail code.