



Lake Worth ISD  
Large Package Shipping Form

Campus or Department: \_\_\_\_\_

Person submitting request: \_\_\_\_\_

Purchase Order Reference #: \_\_\_\_\_

If the item is being returned or mailed to the vendor because of defect or incorrect item(s) received, contact the vendor for return information.

Vendor Instructions for item return:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the item is being mailed for other reasons, please provide the following information:

Contents of the Box: \_\_\_\_\_

\_\_\_\_\_

Declared Value of Contents: \$ \_\_\_\_\_

Destination Address:


- Mail via best value to district
- Mail "Next Day" delivery

Budget Code for the cost of this mailing or  check if prepaid by vendor.

\_\_\_\_\_

Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by Warehouse: _____	<input type="checkbox"/> Completed copy sent to Business Services [Date _____]
Tracking # _____	Carrier _____