



Shipment Notice

Date _____

School / Department _____

Individual Making Request _____

Phone Number & E-mail _____

Ship to –

Name _____

Address _____

City, State, Zip _____

Reason for Shipment / Explanation of Return

Please include all pertinent information include PO# and/or Invoice#, if applicable. *For example – Sent in Error; Defective; Duplicate; Replacement needed; Re-order; Repair; Credit; Preview, etc.*

Description of Contents

Quantity	Item	Catalog #	Unit Price	Total Price

Insurance Information

Each carton will automatically be insured for \$100 in value.
 Additional coverage is \$.35 per \$100.

of Cartons _____ Value of Each Carton #1 _____ #2 _____
 #3 _____ #4 _____

Would you like additional insurance? Yes No

Account Number

For shipping charges & additional insurance charges (if applicable)

Fund (2)	Loc (3)	SRE (2)	Prog (4)	SubProg (4)	Object (4)	SubObj (2)	Job (3)	Grant (4)

 Requestor Signature

 Date

 Spending Authority Signature

 Date