



Outgoing Shipment/Return Request

Requested by:

Extension:

Date:

Shipping Information:

Description of Item(s):

*If Hazardous Material
include proper shipping
name/UN#, quantity,
and unit of measure.*

Ship To:

Company:

Contact:

Address:

Return/Repair Authorization Number:

Ship Via:

Best way

UPS

FedEx

Other (specify:)

Service:

Ground

3-Day

2-Day

Next Day

Other (specify:)

Phone:

Special Instructions:

Billing Information:

Project:

Account:

5200-000

Ref. #:*

PO#:*

** if applicable*

Approver Signature

Approver Name

Please complete if shipping is NOT pre-paid:

Payment Type:

Collect

Third Party

Shipping Company Name:

Recipient/3rd Party Account #: