



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:

Phone:

Special Instructions:

Return/Repair Authorization Number:

Ship Via:

☐ Best way ☐ UPS ☐ FedEx

☐ Other (specify:)

Service:

☐ Ground ☐ 3-Day ☐ 2-Day

☐ Next Day ☐ Other (specify:)

Billing Information:

Project:

Account:

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 #: