M B A R I

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 #: