

Clark Hall Shipping Request Form - Domestic

Section 1: Sender's Information			
Last Name		Net ID	
First Name		Today's Date	
Office Location	Building Name:		Room #:
Department	<input type="checkbox"/> LASSP <input type="checkbox"/> AEP <input type="checkbox"/> CCMR <input type="checkbox"/> CLASSE <input type="checkbox"/> PHYSICS <input type="checkbox"/> Other: _____		
Lab Group Name			
KFS Account Number to Charge			
Weight (in pounds)		Dimensions (L x W x H in inches)	
Business Purpose for Shipping Package (Required)			
Description of Goods			

Section 2: Shipping Information			
Rate of Service	<input type="checkbox"/> Next Day <input type="checkbox"/> 2 nd Day <input type="checkbox"/> 3-Day <input type="checkbox"/> Standard Ground		
Declared Value?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount \$ _____
Declaration of Hazardous Goods. Does your shipment Contain:			
Biological Materials	Chemicals	Prior authorization is required to ship any of these materials. Additional training or certification may be required by EHS. Consult your department for more info.	
Radioactive Materials	Dry Ice		
I attest that the information provided is accurate to the best of my knowledge.		_____ Signature (Required)	
Recipient's Address: Must include email and phone # (No P.O. Box Numbers Allowed)			
Phone Number		Email	