



Complete sections 1 and 2. If shipment request is related to a purchase order, also complete section 2 and attach required documentation. Contact the Shipping & Receiving Department to request pick-up of completed form, attachments (if any), and item(s) to be shipped. Include original packaging whenever possible.

1. Sender/Receiver Information

| | |
|---------------------|--|
| From: | |
| Department: _____ | Extended Zip: _____ |
| Contact Name: _____ | Contact Phone: _____ |
| Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| To: | |
| Vendor Name: _____ | Vendor Phone: _____ |
| Contact Name: _____ | |
| Address: _____ | Department/Floor/Room: _____ |
| City: _____ | State: _____ Zip: _____ Country: _____ |

2. Carrier Information

| | | | | | |
|--|--|--|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> UPS | <input type="checkbox"/> Ground | <input type="checkbox"/> 3-Day Air | <input type="checkbox"/> 2-Day Air | <input type="checkbox"/> Next Day Air | <input type="checkbox"/> Saturday Delivery (extra charge) |
| <input type="checkbox"/> Parcel Post (USPS) | <input type="checkbox"/> 1 st Class | <input type="checkbox"/> Bulk | | | |
| <input type="checkbox"/> Will Call | | | | | |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Charge Receiver Account # | _____ | | |
| Insure Shipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, value: \$ | _____ | |
| Contents: | _____ | | | | |

3. Complete only if item(s) are being returned

Please contact the vendor for the return material authorization (RMA) number. Attach copies of the purchase order or packing slip.

| | | | | |
|------------------------------|-------------------|---|--------------|-------------------|
| Purchase Order Number: _____ | RMA Number: _____ | Has the vendor arranged to pick up the item(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PO Line: | Quantity: | Unit: | Part Number: | Item Description: |
| PO Line: | Quantity: | Unit: | Part Number: | Item Description: |
| PO Line: | Quantity: | Unit: | Part Number: | Item Description: |
| Reason for Return: _____ | | | | |

For Receiving Use Only

| | | | |
|------------------------|----------------------|---------------------------|------------------------------|
| Ship Date: _____ | Received By: _____ | Tracking Number: _____ | Bill of Lading Number: _____ |
| Freight Company: _____ | Driver's Name: _____ | Driver's Signature: _____ | |