**REQUEST FOR SHIPMENT OF MATERIAL**

DATE:

NAME:

PROFESSOR/AREA:

PHONE: EMAIL:

ACCOUNT NUMBER TO BE CHARGED:

**Preferred Method of Shipment**

Federal Express: Priority Overnight [ ]  Standard Overnight [ ]  International [ ]

 2nd day [ ]  3rd day [ ]  Ground [ ]

United Parcel Service: Overnight [ ]  2nd day [ ]  Ground [ ]

United States Mail: Priority Mail [ ]  Express Mail [ ]  Global Priority [ ]

 Certified Mail [ ]  Registered Mail [ ]

Insurance coverage: $

**Ship To Information**

Recipient’s Name:

Company:

Address:

City/State/Province/Zip:

Country:

Recipient’s Phone number:

Purchase Order Number: RMA#:

Package Contents:

**This form cannot be used to ship Hazardous Materials.**