**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.**