

Request for Package Shipment

This form must be completed **prior to shipment** being made.
Please submit this form, completed, along with the package to be shipped to Anne Berard at the District Office (ext. 1212)

Shipper Info:		Recipient Info:	
Name:		Name:	
Dept/School:		Company:	
Address 1:		Address 1:	
Address 2:		Address 1:	
City/State/Zip:		City/State/Zip:	
Email:		Email:	

Description of Enclosed Item(s):	
Reason for Return/Shipment	
Dimensions: <i>(length x width x height round up to nearest whole number)</i>	
Weight <i>(Packages over 20lbs need to be weighed prior to being sent to D.O.)</i>	
Value, if needing insured <i>(approximate value of item(s) being shipped)</i>	
Preferred Service <i>(ground service unless otherwise specified)</i>	

Account Code: _____ - _____ - 5610 - _____ - _____ - _____ - _____
PPSS AA OBBB LLLL RRRR DDDD S
(Account code must be completed)

Signature of Sender: _____

Department Approval: _____
 (Principal or Dept. Head)

Date: _____

For Office Use Only:

Total # of Packages: _____

Date of Shipment: _____

Cost of Shipment: _____

Tracking #: _____