

# Shipout Form

School of Chemical Sciences  
Shipping & Receiving, 29A Roger Adams Lab

All regular shipments must be in Shipping & Receiving by 2:00 p.m. at the latest.

\* All dry ice that is OVER 5 lbs. or going International must go via FedEx and must be in Shipping & Receiving by 2:15 p.m. or the package will not go.

\*\*All dry ice that is 5 lbs. or UNDER in the Continental U.S. will go UPS and must be in Shipping & Receiving by 3:15 p.m.

Affix Tracking No. Here

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_

!! REQUIRED - FILL OUT COMPLETELY !!

## Sender Information: (Tracking # will be sent to individual or those listed under Sender Name)

Name: \_\_\_\_\_ Net ID: \_\_\_\_\_

Office Address: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
Illinois or other email address

### CFOP Number OR Alias:

<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	)	CFOP Alias:	_____
C		F		O		P		A-optional																

PI Name: \_\_\_\_\_ P.O. # \_\_\_\_\_ Return Materials Authorization # \_\_\_\_\_

Grant Shipping Purpose: \_\_\_\_\_

>> Reason for shipment is REQUIRED IF USING GRANT (1-4xxxxx or 1-5xxxxx) FUNDS. WITHOUT A REASON, SHIPMENT WILL NOT BE PROCESSED. <<

Comments: \_\_\_\_\_

## Shipping Information:

Preferred Carrier:  UPS (offers discounted rates)  Federal Express  Freight: \_\_\_\_\_

Type of Service Requested:  Before Noon  After Noon  Two Day  Ground (UPS)

Description of contents: \_\_\_\_\_ Insured Value \$ \_\_\_\_\_

Special Services:  Dry Ice (lbs.) \_\_\_\_\_  Dry Shippers

Billing:  Bill Sender  Bill Recipient: account number  Bill Third Party: account number

## Ship To Address (must be a physical delivery address- P.O. Box NOT accepted):

Name: \_\_\_\_\_

Company, University, or Institute Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ALL INTERNATIONAL shipments must have TWO contacts:**

Recipient #1 Name: \_\_\_\_\_ Recipient #2 Name: \_\_\_\_\_

Recipient #1 Phone: \_\_\_\_\_ Recipient #2 Phone: \_\_\_\_\_

Recipient #1 Email: \_\_\_\_\_ Recipient #2 Email: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

!! REQUIRED !!