## **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. Affix Tracking No. Here \*\*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. Date In: \_\_\_\_\_ Time In:\_\_ **Sender Information:** (Tracking # will be sent to individual or those listed under Sender Name) \_\_\_\_\_ Net ID: \_\_\_\_\_ Name: \_\_ Office Address: \_\_\_\_\_ Department: \_\_\_\_\_ OUT COMPLET Preferred Email: \_\_\_\_ Telephone: \_\_\_\_\_ Illinois or other email address **CFOP Number OR Alias:** CFOP Alias: Ы P.O. # \_\_\_\_\_ Return Materials Authorization #\_\_\_\_ Name: 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: \_ REQUIRED **Shipping Information:** Address Vetted Date: 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 \$ \_\_\_\_\_ Dry Ice (lbs.) \_\_\_\_\_ Dry Shippers Special Services: Billing: Bill \_\_\_\_ Bill Bill \_\_\_\_ account number account number Recipient: Third Party: Sender Ship To Address (must be a physical delivery address- P.O. Box NOT accepted): 8 Company, University, or Institute Name: REQUIRED Address Line 1: Address Line 2: Country: Zip Code: City/State: \_\_\_\_ EORI#: \_\_\_ Harmonize Code: ALL shipments require contacts - US(1 contact), International (2 contacts) Recipient #1 Name: \_\_\_\_\_\_ Recipient #2 Name: \_\_\_\_\_ Recipient #1 Phone: \_\_\_\_\_\_ Recipient #2 Phone: \_\_\_\_\_ Recipient #1 Email: \_\_\_\_\_\_ Recipient #2 Email: \_\_\_\_\_

Other Instructions: