

**SHIPPING REQUEST FORM
LAMONT-DOHERTY TRAFFIC DEPARTMENT**

Bus. Unit:

Ceet:

F gr v.

PE'Dwu:

Rtqlgev.

Cevkxk{ :

Kpkkcvkxg:

Ugi o gpv<

"

""SHIP TO:

""RECIPIENT TELEPHONE:

""BILL RECEIPT ACCOUNT:

""INSURANCE?

YES: _____ NO: _____



""ITEM	QUANTITY	DESCRIPTION	VALUE

NOTES: ALL REPAIRS & RETURNS OF ANY MATERIAL TO VENDOR MUST BE PROCESSED THROUGH THE PURCHASING DEPARTMENT.

SHIPPING METHOD REQUIRED:

""FED-EX:	PRIORITY:	STANDARD:	2-DAY:
""DHL:			
""UPS GROUND:	EXPRESS:		
""MAIL:	OTHER:		

**NOTE: YOU MUST COMPLETE PAGE 2 OF THIS FORM.
PACKAGE CANNOT BE SHIPPED UNLESS PAGE 2 IS COMPLETED.**

ARE ANY OF THE FOLLOWING MATERIALS CONTAINED IN THIS SHIPMENT?

TYPE	YES	NO	IF YES PROVIDE DESCRIPTION (eg, NAME & QUANTITY)
BATTERIES (INDICATE TYPE AND AMOUNT)			
CHEMICALS			
DRY ICE			
RADIOACTIVE ISOTOPES			
RADIOACTIVE CONTAINING EQUIPMENT			
BIOLOGICAL			
CAPITAL EQUIPMENT (PROVIDE CU PROPERTY TAG NUMBER)			
EXPORT CONTROLLED			

NOTE: YOU MUST CHECK OFF YES OR NO FOR EACH ITEM AND PROVIDE FURTHER DESCRIPTION OF ANY "YES" ITEMS. PACKAGE WILL NOT BE SHIPPED UNLESS THIS SECTION IS COMPLETED.

AUTHORIZATION OF PERSON COMPLETING FORM:

PRINT NAME

SIGNATURE