SHIPPING REQUEST FORM

Date/Time Field [   ]

Name of person requesting shipment: [   ]   Phone number: [   ]

Package to be shipped to:

Company Name: [   ]

Contact Name: [   ]   Telephone: [   ]

Address1: [   ]

Address2: [   ]   Address3: [   ]

City: [   ]   State: [   ]   Zip: [   ]

Country if not USA [   ]   Contact email: [   ]

Number of Packages: [   ]   Package Declared Value $$: [   ]

Size: [   ]   Weight [   ]

☐ Next Day Air   ☐ Second Day Air   ☐ Ground

Return Authorization #: [   ]

Reason for Return: [   ]

*STUDENT NAME [   ]

Date Processed: [   ]

(*Please attach this document to the Shipment Receipt and put in Stacey's mailbox.)