

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

Date:
Acct:
Dept:
PC Bus:
Project:
Activity:
Initiative:
Segment:

SHIP TO:

RECIPIENT TELEPHONE:

BILL RECIPIENT ACCOUNT:

INSURANCE?

YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>

ITEM	QUANTITY	DESCRIPTION	VALUE

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

SHIPPING METHOD REQUIRED:

FED-EX:	PRIORITY:	STANDARD:	2DAY:
FED EX GROUND:		DHL:	
UPS GROUND:		EXPRESS FREIGHT:	
USPS MAIL		LTL:	
IF THIS SHIPMENT IS GOING TO THE EU (EUROPEAN UNION) PLEASE LIST RECIPIENT'S EORI NUMBER:			
EORI #			

**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 (EX: 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