

SHIPMENT REQUISITION FORM (INTERNATIONAL PACKAGES)



Requesting Department _____

Requesting Program: _____

Destination (Country): 3.3 (b)7i

Physical Shipping Address: (UPS does not deliver to PO Boxes)

Address City/Providence State Zip Code Country

Recipient Phone Number: _____

Recipient Email Address: _____

Insurance Requested: Yes No

If yes, amount requested \$ _____

Requested date of delivery _____

Shipping speed: World Wide Express Saver: 1 World Wide Expedited: 1
3 Business Days Afternoon
Delivery

Yes No

GL Account to charge for shipping: _____ - - - - 55820
Fund Area Location Tops Object

BudgetManager Signature Date

For Office Use Only	
Weight _____	Tracking number _____
Ship date _____	Final Invoice Cos _____