



SHIPPING REQUEST FORM

TODAY'S DATE	REQUESTED SHIP DATE	REQUESTED DELIVERY DATE

Queen's Corporate Business Number: **107868705RM0001**

PICKUP/DELIVERY INFORMATION

<u>FROM SENDER</u>	<u>TO RECIPIENT</u>
Name:	Name:
Company:	Company:
Address:	Address:
City:	City:
Prov/State:	Prov/State:
Phone:	Phone:
Email:	Email:

SHIPPING METHOD

CHARTFIELD/PO Details

Small Parcel Courier or LTL Freight (Please circle one)	FUND	DEPT	ACCOUNT	PROGRAM	CLASS	PROJECT

RECOMMENDED OR ADDITIONAL INSURANCE NEEDED – YES or NO

(Please circle one and indicate an amount needed for coverage):

PACKAGE DETAILS

Detailed Description	Part #, Serial # or Model #	Quantity	Unit Value	Total Value	Currency	Country of Origin	Incoterms

Weight:	# of Pkgs:		
Dimensions:	L	W	H
Reason for this Shipment (<i>Example: Repair and Return</i>) and/or Special Instructions?			