



SHIPPING REQUEST FORM



No.: _____

FROM (Shipper)		TO (Receiver)	
Name:		Name:	
Gulf Coast Research Laboratory		Company:	
Select one:		Street:	
Ocean Springs, MS 39564, USA		City:	State:
Phone:	Email:	Country:	Zip Code:
Insurance Required:	Yes No	Phone:	Email:
If yes, provide Declared Value (\$):			

Service Type		Package Information	
Select one option below:		Select one option below:	
<input type="checkbox"/>	1st Overnight	<input type="checkbox"/>	2nd Business Day-AM
<input type="checkbox"/>	Priority Overnight	<input type="checkbox"/>	2nd Business Day
<input type="checkbox"/>	Standard Overnight	<input type="checkbox"/>	Ground
<input type="checkbox"/>	Express Saver	<input type="checkbox"/>	Freight (1, 2, 3 day) for packages over 150 pounds
<input type="checkbox"/>		<input type="checkbox"/>	Envelope
<input type="checkbox"/>		<input type="checkbox"/>	Tube
<input type="checkbox"/>		<input type="checkbox"/>	Fed Ex Box
<input type="checkbox"/>		<input type="checkbox"/>	Other Package
Special Instructions for Shipment:			
Is the item being shipped on GCRL inventory?		Yes GCRL Inventory #: _____ No _____ <i>An OFF CAMPUS EQUIPMENT LOAN form must be submitted to GCRL Property Management, in addition to keeping on record in your files.</i>	

Billing Information			
Bill To (select one):	<input type="checkbox"/>	Shipper	Full Budget String to charge (e.g., 12L34 567890 01001 GR01234):
	<input type="checkbox"/>	Receiver	Receiver's Account #:

Approval by Signature Authority (REQUIRED)	
Signature Authority (Printed Name):	
Signature Authority (Signature):	Date:

For Shipping Department's Use Only	
Package Dimensions:	Length: Width: Height:
Package Weight:	Pounds: Ounces:
Estimated Cost:	\$
Comments:	