



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:	Zip Code:	Country: NO international shipping allowed
Insurance Required:	Yes No If yes, provide Declared Value (\$):	Phone:	Email:

Service Type				Package Information			
Select one option below:				Select one option below:			
<input type="checkbox"/>	Next Day Air	<input type="checkbox"/>	2nd Day Air	<input type="checkbox"/>	Package	<input type="checkbox"/>	Letter
<input type="checkbox"/>	Next Day Early AM	<input type="checkbox"/>	2nd Day Air - AM	<input type="checkbox"/>	Express Box, Small	<input type="checkbox"/>	Pak
<input type="checkbox"/>	Next Day Air Saver	<input type="checkbox"/>	3-day Select	<input type="checkbox"/>	Express Box, Medium	<input type="checkbox"/>	Tube
<input type="checkbox"/>	Ground	<input type="checkbox"/>	Saturday Delivery	<input type="checkbox"/>	Express Box, Large	<input type="checkbox"/>	
Special Instructions for Shipment:							
Is the item being shipped on GCRL inventory?		Yes GCRL Inventory #:		An OFF CAMPUS EQUIPMENT LOAN form must be submitted to GCRL Property Management, in addition to keeping on record in your files.			
		No					

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:	