



# MATERIALS MANAGEMENT

## REQUEST FOR SHIPPING SERVICES

4401 University Drive, Parkway Service Complex  
Lethbridge, AB T1K 3M4

Shipping/Receiving: 329-2615  
Mailroom: 329-2381

Materials Management: 329-2411

Date (dd/mm/yr)  Requisition/PO #

### CONSIGNEE (SHIP TO)

Contact Name:  Company Name:

Address Line 1:  City:

Postal (ZIP) Code:  Country:  Prov / State:

Phone Number:

### PAYMENT (Freight Charges)

- Prepaid (Specify Research/General Fund)  
  Research Fund  
  General Fund  
  Collect (Vendor Account Req)

FOAP  If shipment is collect then the vendor shipping account is required

### SHIPPING INSTRUCTIONS / INSURANCE:

- Standard Delivery  
  Rush Delivery Additional fees may apply  
  Perishable  
  Dry Ice  
  Wet Ice

Pieces #  Weight (if known)   lbs  kg Preferred Carrier

Special Instructions

Transit Insurance  YES  NO Contact Shipping/Receiving to obtain current carrier insurance rates

Value of Goods \$  Value must be reasonable amount.

### REASON(S) FOR SHIPPING

- TEMPORARY EXPORT (RETURN TO CANADA)  
  PERMANENT EXPORT

- Repair/Service - Warranty only  
  Repair/Service  
  On Loan  
  Vendor RMA/RGA #
- Research/Collaboration  
  Grant Application  
  Other (specify):

### DANGEROUS GOODS

- Shipment contains dangerous goods. Shippers declaration not required  
  Shipment contains **NO** dangerous goods.  
  Dangerous goods as per attached shipper's declaration

Provide Details of dangerous goods

**PRODUCT INFORMATION** EXPORT PERMIT ATTACHED EXPORT PERMIT NOT REQUIREDSpecific Description  
and use of good(s)PROVIDE AS MUCH DETAILED AND ACCURATE INFORMATION AS POSSIBLE. VAGUE OR GENERAL DESCRIPTION(S) MAY  
RESULT IN DELAYED SHIPPING

Dollar Value

(Value must be reasonable amount)

**HS TARIFF CODE - HARMONIZED SYSTEMS CODE**(EXPORT PURPOSE ONLY) **NOTE: If unknown leave blank****EQUIPMENT INFORMATION (If more than 1 piece attach separate sheet with same information format)**

Original PO #

Required for warranty shipments. If not warranty enter if known

Model/Serial Number

U of L Bar Code

Specific Description  
and use of good(s)

Dollar Value

(Value must be reasonable amount)

Country of Manufacture

**HS TARIFF CODE - HARMONIZED SYSTEMS CODE**(EXPORT PURPOSE ONLY) **NOTE: If unknown leave blank****CONSIGNOR (SHIP FROM)**

Individual Name:

email:

Department

Phone Number

Signature of Originator (Principal Investigator PI)

**SHIPPING OFFICE USE ONLY**

CARRIER

SHIP DATE (mm/dd/yr)

Bill of Lading /  
Waybill

NOTES

IMPORTANT NOTICE: If a Research fund is being used then the PI (SIGNING AUTHORITY FOR FUND) must sign this form  
If this form is **NOT** signed by the PI this **WILL DELAY** the shipping of the package.