

SHIPMENT REQUISITION FORM (STANDARD)



HARTNELLCOLLEGE

Requesting Department: _____

Requesting Program: _____

Attention: _____

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

Address City State Zip Code

Insurance Requested: Yes No

If yes, amount requested \$ _____

Requested date of delivery: _____

Shipping speed: Ground 3 Day Select 2- Day Air 2-Day Air AM
 Next Day Air Saver Next Day Air Next Day Air Early

Return Label Requested: Yes No

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

Budget Manager Signature Date

For Office Use Only	
Weight _____	Estimated Cost _____
Ship date _____	Tracking number _____
Est. arrival date _____	Final Invoice Cost _____