

Clark Hall Shipping Request Form

Section 1: Sender's Information			
Last Name		Net ID	
First Name		Today's Date	
Office Location	Building Name:		Room #:
Department	<input type="checkbox"/> LASSP <input type="checkbox"/> AEP <input type="checkbox"/> CCMR <input type="checkbox"/> CLASSE <input type="checkbox"/> PHYSICS <input type="checkbox"/> Other: _____		
Lab Group Name			
Department Account Number to be Charged			
Business Purpose for Shipping Package (Required)			

Section 2: Shipping Information			
UPS Only	<input type="checkbox"/> Next Day <input type="checkbox"/> 2 nd Day <input type="checkbox"/> 3-Day <input type="checkbox"/> Standard Ground		
Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount \$ _____
Recipient's Address (No P.O. Box Numbers Allowed)			