

WSU SHIPPING REQUISITION

Submit this form with parcels and express service letters for shipment through
WSU SHIPPING AND RECEIVING, O31 ALLYN HALL 775-3226

Senders Information

Department Name/Phone/Address: _____

Dept Billing #s: (fund) _____ (org) _____ (prog) _____

Shipment Initiated By: _____ Authorized Signature _____

Shipment Information

Complete Shipping Address: _____

Contact Name: _____

Business / Institution: _____

Suite /Dept / Local Address: _____

Street Address : _____

Phone (required on international shipments): _____

City: _____ State/Province _____

U.S. Zip Code (or international equivalent): _____ Country _____

Number of Parcels In Shipment: _____ RMA or Reference Info: _____

Package Content Information: Does the package contain (must check where applicable)

Batteries ___ Biologicals ___ Chemicals ___ Compressed Gas ___

Dry Ice ___ Liquids ___ Radioactive Material ___ Other Hazard (define) _____

Insurance Value (each parcel): _____ Customs Value (total shipment) _____

Preferred Carrier (WSU Shipping and Receiving will choose the best way if unspecified) _____

Delivery and Destination Information

Choose Delivery Schedule

Delivery Date Required _____ Time of Day Required _____

OR

Choose Delivery Service Priority Ranked By Cost (some services not available for some addresses)

___ International Express Delivery (within two days to most major metropolitan areas)

___ International Expedited Delivery (for parcels only, conditions apply)

___ Next Day Saturday Delivery (limited availability, highest cost)

___ Next Business Day A.M. Delivery (limited availability, high cost)

___ Next Business Day Normal Delivery

___ Second Business Day Delivery

___ Ground Service – DEFAULT SERVICE (delivery times vary with destination, lowest cost)

Additional Handling Information

___ Residential Address (additional cost with fewer service times available)

___ Customs Declaration / Invoice Attached (required on all international shipments except simple documents)

SHIPPING & RECEIVING ONLY:

date _____ initials _____ carrier _____ acct# _____

charges _____ Track# _____