

Central Receiving Pick-Up/ Shipping Request

*Person Taking Request: _____ *Date: _____
Purchase Order # _____ Item #: _____ Checker: _____
Document ID: _____ Date: _____
*Building & Room: _____
Number of Packages: _____ L: _____ W: _____ H: _____ Weight: _____
*Account Number: _____
Return Authorization: _____ Box #: _____
Reason for Return: _____
*Dept. Contact: _____ *Phone: _____ *Mail Code: _____

* Ship to Co. Name: _____
ATTN: _____ Contact #: _____
* Address: _____ Suite #: _____
*City _____ State: _____ Zip: _____ *Phone: _____
Contents: _____ *Insurance Value: _____

* Courier:

_____ Next Day	_____ Vendor	_____ Fedex Ground
_____ 2 day	_____ DHL	_____ Fedex Freight
_____ 3 day	_____ Fedex	_____ UPS Ground
_____ Call Tag	_____ Freight	_____ International
_____ Pick Up	_____ ARS Label	_____ 3rd Party Account

Give Material To: _____ Driver Signature _____ Date: _____

Dept. Signature _____ Print Name: _____ Date: _____

Vendor Pick Up Signature: _____ Date: _____