UNIVERSITY OF ALBERTA

Shipping Form

Purpose: Use this form to arrange for shipping of items or goods from the University of Alberta (U of A) to external destinations.

Save Print Clear

Instructions: Download the PDF document using Adobe and complete all sections and fillable fields as required. Print and attach this form to the shipment for pickup. Ensure the shipment is for official U of A business and includes any required special handling notes, and has the necessary authorization.

Contact Shared Services - Distribution Services, Materials Management Building for Information @ 780-492-4121 | for Pickup @ 780-492-4122

Section A: Consignee (Ship To)

Individual Name: _____ Company Name: _____

Address: _____ Phone: _____

_____ City: _____

Province: _____ Country: _____ Postal (Zip) Code: _____

Section B: Payment

U of A speed code: _____ (*required for all shipments*)

Account code: _____

◯ Prepaid
◯ Collect
◯ Third Party

Via (carrier): _____

_____ (*charge to carrier account number*)

Section C: Consignor (Ship From)

Individual Name: _____ email: _____

University Department: _____ Phone: _____

Section D: Shipping Instructions

☐ Speed essential: _____ (*deliver by date*) Number of Pieces: _____ Weight: _____ **select Weight** Transport: ◯ Ground ◯ Air

Special Instructions: (e.g. specific carrier, traceability) _____

Section E: Reason for Shipping

☐ Sold ☐ Research ☐ Repair ☐ Return to Supplier (return authorization number): _____

☐ On Loan ☐ Grant Application ☐ Other (specify): _____

Section F: Dangerous Goods

◯ Shipment contains no dangerous goods

◯ Shipment contains dangerous goods. Shipper's declaration not required.

◯ Dangerous goods as per attached shipper's declaration.
(see attached Declaration of Dangerous Goods - Air / Declaration of Dangerous Goods- Ground)

Specify Dangerous Goods:

Section G: Complete All Applicable Sections Below

(***Contact Risk Management & Insurance when leaving Canada if value is greater than $25,000***)

Value: _____ Consignee Federal ID (US - only required if value is > $2000): _____

Country of Manufacture: _____ EORI: _____

Model/Serial Number: _____ U of A Tag Number: _____

Description of Goods:

Shipping Office Use Only

Shipped Via Carrier: _____ Shipped Date: _____

Bill of Lading Number: _____ Cost: _____

Approval & Authorization

Name of Financial Authority (*printed*) _____ Signature _____ Date _____