



**CONSIGNEE (SHIP TO)**

Individual Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_

**PAYMENT**

U of A speed code/account \_\_\_\_\_  
(required for all shipments)  Prepaid via (carrier) \_\_\_\_\_  
 Collect \_\_\_\_\_  
 Third Party \_\_\_\_\_  
(charge to carrier account number)

**CONSIGNOR (SHIP FROM)**

Individual Name: \_\_\_\_\_ email: \_\_\_\_\_  
University Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**SHIPPING INSTRUCTIONS**

Speed essential: \_\_\_\_\_ Number of Pieces: \_\_\_\_\_ Weight: \_\_\_\_\_ kg/lb Transport:  Ground  Air  
(deliver by date)  
Special Instructions: (eg. specific carrier, traceability) \_\_\_\_\_

**REASON FOR SHIPPING**

Sold  Research  Repair  Return to Supplier (return authorization number): \_\_\_\_\_  
 On Loan  Grant Application  Other (specify): \_\_\_\_\_

**DANGEROUS GOODS**

Shipment contains no dangerous goods.  
 Shipment contains dangerous goods. Shipper's declaration not required.  
 Dangerous goods as per attached shipper's declaration.

**SPECIFY CONTENTS:**

**PLEASE COMPLETE ALL APPLICABLE SECTIONS BELOW:**

(Contact Risk Management & Insurance if value is greater than \$25,000)  
Value \_\_\_\_\_ Consignee Federal ID Number \_\_\_\_\_

Country of Manufacture \_\_\_\_\_ U of A Tag Number \_\_\_\_\_

Model/Serial Number \_\_\_\_\_

Description of Goods \_\_\_\_\_

**SHIPPED VIA:**

CARRIER \_\_\_\_\_

DATE \_\_\_\_\_

BILL OF LADING  
NUMBER \_\_\_\_\_

COST \_\_\_\_\_

**SHIPPING OFFICE USE ONLY**

**SIGNATURE**

\_\_\_\_\_  
Name of Financial Authority (printed)  
\_\_\_\_\_  
Signature of Financial Authority  
Date: \_\_\_\_\_