

# Freight Shipment Request

Please complete all information and return to Edward Bayer at fax number 5989. Please direct any questions to Edward at x4944.

## DEPARTMENT INFORMATION

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

Budget Officer: \_\_\_\_\_

Budget Account: 

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## PRODUCT DESCRIPTION

Weight: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Number of Boxes: \_\_\_\_\_

Item(s) Crated?  YES  NO

Insurance Required?  YES Amount: \$ \_\_\_\_\_  NO

Hazardous Material?  YES  NO Expedited Delivery Required?  YES Time: \_\_\_\_\_  NO

Detailed Item Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESTINATION INFORMATION

Ship To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Loading Dock Available?  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_