

# SHIPMENT REQUISITION FORM (INTERNATIONAL PACKAGES)



**HARTNELLCOLLEGE**

Requesting Department: \_\_\_\_\_

Requesting Program: \_\_\_\_\_

Destination County: \_\_\_\_\_

Attention: \_\_\_\_\_

Physical Shipping Address: ( UPS does not deliver to PO Boxes)

Address	City/Providence	State	Zip Code	Country
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Recipient Phone Number: \_\_\_\_\_

Recipient E-mail Address: \_\_\_\_\_

Insurance Requested:  Yes  No

If yes, amount requested \$ \_\_\_\_\_

Requested date of delivery: \_\_\_\_\_

Shipping speed:	<input type="checkbox"/> World Wide Express Saver: 1-3 Business Days Afternoon Delivery	<input type="checkbox"/> World Wide Expedited: 1-5 Business Days	<input type="checkbox"/> World Wide Express Plus: Guaranteed Next Day Air
	<input type="checkbox"/> World Wide Express: 1-3 Business Days Morning Delivery		

Return Label Requested:  Yes  No

GL Account to charge for shipping	-	-	-	-	55820
	Fund	Area	Location	Tops	Object

Budget Manager Signature	Date
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For Office Use Only	
Weight _____	Tracking number _____
Ship date _____	Final Invoice Cost _____

*Growing Leaders Opportunity. Engagement. Achievement.*