SHIPPING REQUEST FORM

(Use this form to request labels for shipping items via FedEx/UPS)



The completed form should be emailed to: imspurchasing@uconn.edu

PLEASE NOTE: Incomplete forms will be returned for completion			EQUEST DATE		
FROM SENDER					
NAME	UCON	N EMAIL	PHONE		
ADDRESS/DEPT. (For Return To)					
SHIP TO					
TO RECIPIENT					
NAME/RMA No. (Return Merchandise Authorization No.)			PHONE (Landlines ONLY)		
COMPANY NAME					
ADDRESS					
CITY	STATE	ZIP CODE	COUNTRY		
WEIGHT IN LBS		INSURANCE (optional) If yo package insured, please list to	want the contents of your he amount of insurance you need.		
DESCRIPTION OF ITEMS BEING	G SHIPPED				
LIST EMAIL ADDRESSES FOR PEOPLE YOU WANT TO RECEIVE TRACKING INFORMATION FROM FEDEX OR UPS					
ACCOUNT TO CHARGE (KFS #)		PROJECT MANAGER SIGNATURE			
ACCOUNT TO CHAI	RGE (KFS #)	PROJEC	CT MANAGER SIGNATURE		

If charging to sponsored research, please briefly explain how it relates to the project and why it is a necessary expense.

FOR SHIPPING OF HAZARDOUS CHEMICALS/MATERIALS OR EQUIPMENT OR SHIPPING OUTSIDE THE U.S.

All packages containing hazardous chemicals/materials must be taken to Central Warehouse for assistance.

Central Warehouse
3 Discovery Drive
(Behind the Public Safety Complex and across the street from Motor Pool)
Tel. 860-486-6297



Please note, including all appropriate health and safety notations on your packaging is the responsibility of the research group (e.g. marking requirements specific to use of dry ice packaging). This includes a responsible party having taken the online Shipping and Transportation of Biological Agents training to identify if your shipment contains hazardous materials/dangerous goods. IMS can connect you with EH&S if ever there is a related question.

ACCOUNTING & PURCHASING ONLY				
DATE RECEIVED	KFS #	FISCAL APPROVAL		