

Shipment of Packages

Please provide the necessary information below when shipping packages and envelopes. When completed give form to Danielle for processing.

Date

Your Name

Department

Reason for Shipment

Date Item(s) to be shipped

Contents of Package / Envelope

RETURNS

RMA # (Return Merchandise Authorization)

Estimated Date of Purchase

Item(s) Under Warranty

Serial Number

Serial Number

Serial Number

SHIP VIA

FedEx

UPS

USPS

Type of Packages being sent

If Insuring Declared Value \$

Weight of item(s) to be shipped (lbs)

Tracking #

METHOD OF PAYMENT

UITS Acct #

Receivers Acct #

Third Party Acct #

SHIP TO

Name

Company

Address

City

State

Zip Code

Phone Number

Ext

Sender's Signature _____ Date _____

Supervisor's / Director's Signature _____ Date _____

KFS Account # to Charge _____ Object Code _____

(Department use Only)