

# 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

PO#

**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)