Express Courier Authorization Form

Shipper Information:

First Name _____

Last Name _____

Email _____

Phone _____

Department Affiliation _____
(Research Group/Customer Group)

Billing Information:

Account to Charge this Shipment to:

_____

Or Charge Account Description:

_____

Signature _____
(Research Advisor/Financial Approver)

Shipping Vendor:

☐ DHL

☐ Fed Ex

☐ Other _____

Today's Date _____

Purpose:

☐ Return of Goods

Provide RMA# _____

&/or PO# _____

☐ Samples for Analysis

Provide PO# _____

☐ Repair

Provide Service PO# _____

☐ Department Activity

Proposal Submission

Agency/Grant Info _____

Recommendation Letter

Regarding _____

Other, please explain

_____

☐ Other

Provide explanation of purpose & contents of shipment:

_____

_____

Stockroom Staff Only: Attach shipper ticket to this form here.