

VT Chemistry Stockroom Outgoing Shipping Request Form

- Sender/PI is responsible for supplying ISR for dry ice, if required.

Date you would like to ship package: _____ <i>Note: International shipments can take up to 1 week to coordinate for hazardous material. Domestic shipments require at least 2 hour notice.</i>	
Name of Sender:	
Department: Chemistry	Room # and Bldg.: 171 Davidson Hall
Street Address: 1040 Drillfield Drive	City: Blacksburg Zip Code: 24061
Phone Number:	E-mail for tracking information:
Professor if Applicable:	Phone:
Shipping To: Name: _____ Phone #: _____	
Institution/Business Name:	
Address:	
City: _____	State: _____ Zip Code: _____
Country:	
Fund number (charge to code) :	Content: Documents _____ Research Sample _____ Lab Chemicals _____ Equipment _____ Other _____
Will your shipment contain dry ice ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how much (kg)?	
What type of material are you shipping? <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Both	
Please describe the material to be shipped. What is the primary packaging? What is the volume of material in each primary? What is the quantity of primary containers? All liquid primary receptacles must be individually secured with secondary containers.	
Are you shipping potentially hazardous materials ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all chemicals and quantities here. Use the full chemical name, including percentage:	
Domestic Shipping Mode: Check the selected mode Overnight 2-Day Ground 1-Day Freight 2-Day Freight 3-Day Freight	
Shipping company: Circle FedEx, UPS, DHL, or Freight If Freight, specify Freight company: _____ If nothing selected Fedex will be used	
International shipment mode: Check the desired mode FedEx Priority FedEx Economy UPS Worldwide Express UPS Worldwide Expedited	
General information: complete all of the following fields No. Of Packages: ____ Total Weight: _____ Insurance, if needed: \$ _____ Return Material Authorization No. (RMA), if needed: _____ VT serial number if you are shipping equipment: _____ Do you want signature confirmation of delivery (please note this may delay delivery): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments (if you want tracking sent to anyone other than sender please specify):	