

UNIVERSITY OF CALIFORNIA AT BERKELEY

DATE: _____

ERSON SHIPPING & RECEIVING DEPT.
266 Sutardja Dai Hall
BERKELEY, CA 94720-1774
PHONE: (510) 664.4319
erso-receiving@erso.berkeley.edu

PLEASE PRINT OR TYPE & PROVIDE AS MUCH INFO. AS POSSIBLE

FROM: _____ SHIP TO: _____
DEPARTMENT: _____ NAME: _____

NAME: _____ PHONE: _____

PHONE: _____ COMPANY: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE & ZIP: _____ CITY, STATE & ZIP: _____

E-mail: _____ E-mail: _____

SERVICE:
FEDEX ***Requires a Speedtype*** **UPS** ***Requires a Chartstring***

Priority Overnight _____ Next Day Air _____

Standard Overnight _____ 2nd Day Air _____

2nd Day _____ 3rd Day Select _____

Express Saver _____ Ground _____

Ground _____

Speedtype: _____ Chartstring: _____

PI sign off: _____ PI sign off: _____

RETURN AUTHORIZATION NUMBER (RMA#): _____

Shipping Account and Zip Code of Recipient (if charge is paid by recipient) _____

INSURANCE: \$ _____

(The initial \$100 is free. Then the cost is \$.35 and \$.55 per \$100 for UPS and FedEx respectively).

INVENTORY INFORMATION (only applicable if the item being shipped has a U.C. tag)

DESCRIPTION: _____

U.C. INVENTORY#: _____

SERIAL#: _____

(SHIPPING DEPT. REFERENCE NO.)

(SHIPPING DATE:)