

# SHIPMENT REQUISITION FORM (MULTIPLE PACKAGES SAME DESTINATION)



**HARTNELL COLLEGE**

Requesting Department: \_\_\_\_\_

Requesting Program: \_\_\_\_\_

Number of packages: \_\_\_\_\_

Attention: \_\_\_\_\_

Physical Shipping Address: ( UPS does not deliver to PO Boxes)

\_\_\_\_\_

Address	City	State	Zip Code
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Insurance Requested:  Yes  No

If yes, amount requested \$ \_\_\_\_\_

Requested date of delivery: \_\_\_\_\_

Shipping speed: 
 Ground   
  3 Day Select   
  2- Day Air   
  2-Day Air AM  
 Next Day Air Saver   
  Next Day Air   
  Next Day Air Early

Return Label Requested:  Yes  No

GL Account to charge for shipping \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 55820

Fund	Area	Location	Tops	Object
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\_\_\_\_\_

Budget Manager Signature	Date
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**For Office Use Only**

Weight _____		_____
Ship date _____	Tracking numbers	_____
Estimated Arrival _____		_____
Final Cost _____		_____

*Growing Leaders Opportunity. Engagement. Achievement.*