

Questions Call X7579

THE UNIVERSITY OF AKRON

Return this form to Central Stores with all items to be shipped

SHIPPING DOCUMENT

COVERS ALL ITEMS BEING RETURNED

Department:	_____	Department Acct. Code:	_____
Dept Contact:	_____	Phone Ext:	_____
Original PO or REQ:	_____	Shipment Value	\$ _____

Ship To:

PLEASE: LIMIT THREE ITEMS PER FORM

Item Description:

Reason For Return:

PO Covering Repair:

Ship Via:	Truck	Airborne	UPS	Next Day	Second Day	Call Tag
Insurance:	Yes	No	If so, Value:	_____		

Hazardous Material(s) only:

Mass or Capacity:	_____	Class/Division:	_____
Name of Chemical:	_____	Identification #:	_____
Flammable Mat:	Yes	No	DOT Label:
(Please Specify):	_____		_____

Central Stores Use Only:

Date Shipped:	_____	Weight:	_____
Record #:	_____	Zone:	_____
Cost:	_____		_____
	_____		_____

