

## REQUEST FOR SHIPPING DOCUMENTATION

email [ucmailrm@uoguelph.ca](mailto:ucmailrm@uoguelph.ca)

Shipping Date Required \_\_\_\_\_ (Please request 24-48 hrs in advance)

Non Dangerous Goods shipments – fax Custom 519-767-1251 or email [purchasing.helpdesk@uoguelph.ca](mailto:purchasing.helpdesk@uoguelph.ca)

Dangerous Goods shipments – email [alrigby@uoguelph.ca](mailto:alrigby@uoguelph.ca) Drop off in Mailroom,UC by 1pm on Shipment Day

Name of Shipper \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_

For Prepaid Shipments – GL Coding \_\_\_\_\_

For Collect Shipments-Courier \_\_\_\_\_ Acct. # \_\_\_\_\_

### Receiver's Information

Company Name \_\_\_\_\_

Name of Recipient \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Items for Shipping** – Description of Goods Shipping (test tube, vials? Quantity? Volume? In a solution?  
\_\_\_\_\_ If yes – what and amount)

Value of Goods \_\_\_\_\_ Currency \_\_\_\_\_

Reason for shipping (teaching/research/repairs/replacement) \_\_\_\_\_

Type of Packaging (box,cooler,dry shipper) \_\_\_\_\_

Dry Ice weight \_\_\_\_\_ kg\_ Total Weight \_\_\_\_\_ kg\_

Name, Address and Country of Manufacturer (if shipping a machine or device)  
\_\_\_\_\_

Are any of items in shipment considered to be **Biological Substances** ?      YES      NO

If **YES**, please specify origin of items \_\_\_\_\_

Are any of items in shipment in need of **IMPORT PERMITS** ?      YES      NO

If **YES**, please include with request \_\_\_\_\_

Are any items in shipment in need of **MSDS** ?      YES      NO

If **YES**, please include with request \_\_\_\_\_

