

## REQUEST FOR SHIPPING DOCUMENTATION

**Shipping Date Required** \_\_\_\_\_ **Documents to be picked up/shipped on the specified date.**

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

Dangerous Goods shipments - fax to Kevin Ecott at 519-822-0389 or email [kecott@uoguelph.ca](mailto:kecott@uoguelph.ca)

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

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

For Prepaid Shipments - GL coding \_\_\_\_\_

For Collect Shipments -- Courier \_\_\_\_\_ Account # \_\_\_\_\_

### **Receiver's Information**

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

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Receiver's Tax ID # \_\_\_\_\_

**Items for Shipping** - Description of Goods Shipping (model #, serial #, dry samples, wet samples)

\_\_\_\_\_  
\_\_\_\_\_

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

Name, Address and Country of Manufacturer \_\_\_\_\_  
\_\_\_\_\_

Reason for Shipping (repairs, warranty, RMA#) \_\_\_\_\_

Type of Packaging (boxes, envelopes, pallets) \_\_\_\_\_

# of Boxes \_\_\_\_\_ Dimensions \_\_\_\_\_

Total weight of shipment \_\_\_\_\_ Total weight of Dry Ice \_\_\_\_\_

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 of items in shipment in need of MSDS?    YES    NO  
If YES, please include with request \_\_\_\_\_

Are any of items in shipment in need of PHYTOSANITARY CERTIFICATES?                      YES    NO  
If YES, please include with request \_\_\_\_\_