

IB COURIER FORM

OPUROLATOR OFEDEX

Sender: _		lab:	extension:
Grant #:			date:
	(complete 26 digit coding r	equired – object code: 635	501)
Approve	d by:		_
	(Authorized Sigr		
Package	contents:		
Declared value:		package weight:	box dimensions:
Receiver	name:		_ Receiver phone #
Bill to:			
	RECEIVER - co	urier account # :	
	- ret	urn authorization/re	call #:
	O THIRD PARTY - cou	rier account #:	
<u>Please en</u>	sure that you label your pa	rcels with complete to	and from address.
то:			

If you are shipping **dangerous goods**, including anything on dry ice, please contact Kevin Ecott at ext. 52264. He will prepare the Transportation of Dangerous Goods Papers. If you are shipping any non-dangerous goods (other than printed documents) out of the country, please contact <u>purchasing.helpdesk@uoguelph.ca</u>. They will prepare the required commercial invoice, along with the shipping papers.

Please have your completed form and item to us by 10:00 a.m. on the day that you would like the item shipped out.

Please complete, print and return form to Karen Ingram/Leanne Krick.