



SHIPPING REQUEST (all locations)

Date: _____ District SCC SFCC IEL

From: Department _____ Budget number _____

Contact person _____

To: Central Receiving

Picked up by _____ Date _____

Ship to: _____

Description of merchandise to shipped _____

Reason for shipping _____

RMA # or P.O. # _____

Insure for \$ _____

Person authorizing shipment _____

Central Receiving Use Only

Received by _____ Date _____

Shipped by _____ Date _____

Bill of lading _____

Carrier _____