

Mailing/Shipping LABEL to take to Shipping & Receiving

Option 1: Mailing (USPS/letters, manila envelopes, etc.)

1. Describe item(s) to be mailed: _____
2. Charge as follows: (Account - Fund - Department - Project) _____

Option 2: Shipping Freight

1. Contents/Reason for shipment (#boxes): _____
2. Charge as follows: (Account - Fund - Department - Project) _____
3. Choose one

Shipment must arrive by

No arrive by date

(date): _____

4. Choose requested carrier service **(drop at Shipping & Receiving by noon for overnight)**

UPS Ground

UPS Next Day Air

World Wide Shipping

Freight Service

FedEx

No Preference

UPS 2nd Day Air

USPS

5. Sender: Sender's name _____
- Sender's Department _____

1 Harpst Street
Arcata, CA 95521

6. Ship to address: Vendor/Person Name _____

Vendor/Person Name _____

Additional Info _____ (order #, RMA#, etc.)

Street Address _____

Street Address _____

City, State, Zip _____

Phone # _____

7. Specialty Instructions (select all that apply)

Insurance needed. Shipment value is \$_____. (If international, attached required itemized list)

Prepaid label needed for return shipping

Item(s) will be returned at vendor's expense. Account info: _____

Item(s) are on a PO. PO#: _____

Reason for return: _____

Request signature upon receipt

Thanks for your help!

Sender's Name

Date taken to Shipping/Receiving/Mailroom

