

Questions Call X7579

THE UNIVERSITY OF AKRON

Return this form to Central Stores with all items to be shipped

SHIPPING DOCUMENT

COVERS ALL ITEMS BEING RETURNED

Department: _____ Department Acct. Code: _____
 Dept Contact: _____ Phone Ext: _____
 Original PO or REQ: _____ Shipment Value \$ _____

Ship To:

PLEASE: LIMIT THREE ITEMS PER FORM

Item Description:

Reason For Return:

PO Covering Repair:

Ship Via: Truck Airborne UPS Next Day Second Day Call Tag
 Insurance: Yes No If so, Value: _____

Hazardous Material(s) only:

Mass or Capacity: _____ Class/Division: _____
 Name of Chemical: _____ Identification #: _____
 Flammable Mat: Yes No DOT Label: _____
 (Please Specify): _____

Central Stores Use Only:

Date Shipped: _____ Weight: _____
 Record #: _____ Zone: _____
 Cost: _____

