

Institute for Research of Electronics and Applied Physics Shipping Request Form

Please send completed form to ireap-procure@umd.edu for approval

Requestor Name:			F	or Admin Office Use
Phone #:				
Email:			Tracking #	‡
KFS Account #:				
Justification: (Explain w	hy shipping is necessary and ho	ow it relates to the pr	roject that is being cha	urged)
	Recij	pient Informa	tion	
Name:		Company/Inst	itution:	
Street Address:				
City:			State: Zip Code:	
Country:				
Phone Number: Email:				
Does this item have an	Asset Tag? Yes	s No	Asset Tag#:	
	ce with all federal export control		gulations. Your signat	ture on this form indicates your in verifying compliance, please
Signature:			Date:	
	pment contents hazardous st required further approval an			
Description of Items: _			Declared Value \$	
No. of Packages	Weight (lbs)	Dime	nsions: L"	W" H"
Preferred Carrier:	FedEx UPS	S Other	::	_
Type of Service:	Standard Overnigh	t 2 Day	y 3 Day	Ground
Please	note: International Shipp	ing requires cust	om documents to l	be completed
Item Excha	nged or Returned for Cr	edit (Please com	plete information	n in this section):
RMA#:	Purchase Requisition#:			