

SHIPPING/PACKING MEMORANDUM
 UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
 MATERIALS RESEARCH LABORATORY
 104 S. GOODWIN AVENUE
 URBANA, IL 61801
 (217) 333-1375

DATE:	RMA# / PURCHASE ORDER:
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TRANSPORTATION: UPS (IF DIFFERENT, PLEASE INDICATE) _____ NEXT DAY NEEDED?

SHIP TO:	SENDER:
	OFFICE PHONE:
	E-MAIL:
ATTN:	UFAS# (7 digits) (sub)
TELEPHONE:	FOAPAL# (19 digits)
EMAIL:	

REMARKS TO VENDOR (ATTACH ADDITIONAL SHEETS IF NECESSARY)

****IMPORTANT NOTICE:** When filling out the information below, please be sure to enter a value on the “Insurance Value” line (Put a zero if you do not wish to insure item). If you leave this section blank, the storeroom will not insure the item(s) being shipped. Once the carrier has picked up the package, it is too late to change your mind. If you have any questions, please ask the storeroom personnel. Thanks.

***PARCEL #1** Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____

(BRIEF DESCRIPTION): _____

(IF APPLICABLE) INV # _____ SERIAL # _____ ***INSURANCE VALUE \$** _____

***PARCEL #2** Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____

(BRIEF DESCRIPTION): _____

(IF APPLICABLE) INV # _____ SERIAL # _____ ***INSURANCE VALUE \$** _____

***PARCEL #3** Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____

(BRIEF DESCRIPTION): _____

(IF APPLICABLE) INV # _____ SERIAL # _____ ***INSURANCE VALUE \$** _____

***PARCEL #4** Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____

(BRIEF DESCRIPTION): _____

(IF APPLICABLE) INV # _____ SERIAL # _____ ***INSURANCE VALUE \$** _____