

San Diego State University Shipping Request

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| <p>1.</p> <p>FROM: RECEIVING DEPARTMENT SAN DIEGO STATE UNIVERSITY 5555 CANYON CREST DRIVE SAN DIEGO, CA 92182</p> <p>TO:</p> <p>(PLEASE TYPE OR PRINT NEATLY)</p> | <p style="text-align: center;">2. HOW DO YOU WANT IT SHIPPED?</p> <p><input type="checkbox"/> UPS GROUND</p> <p><input type="checkbox"/> UPS NEXT DAY AIR</p> <p><input type="checkbox"/> UPS 2ND DAY AIR</p> <p>_____</p> <p>INSURE FOR: \$_____</p> <p>RESPONSIBILITY FOR LOSS OR DAMAGE Unless a greater value is declared in writing in the space provided on this document, the shipper declares the released value of each package to be no greater than \$100, which is a reasonable value under the circumstances surround the transportation. For each \$100 or fraction thereof of declared value per package in excess of \$100, an additional charge, as slated on the rate chart in effect at the time of shipping.</p> | <p>3. Please complete the following if you want to ship UPS-Next Day Air, UPS-2nd Day Air.</p> <p>Department _____</p> <p>Signature _____</p> <p>Date _____</p> <p>This information must be completed, or we cannot ship your material by air express. (Please check the appropriate boxes in block 2.)</p> |
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|--------------------------|-------------------------------|-------------------|-------|--------|
| 4. | WHAT ARE YOU SHIPPING? | | | |
| | QUANTITY | BRIEF DESCRIPTION | VALUE | WEIGHT |
| REASON FOR RETURN: _____ | | | | |

TO WHICH ACCOUNT WOULD YOU LIKE THIS SHIPMENT CHARGED?

Purchase Order _____ Service Order Number: _____ Account Number: _____

Foundation Purchase Order Number: _____ Foundation Account Number: _____

Athletic Purchase Order Number: _____ Other: _____

A PURCHASE ORDER NUMBER OR AN ACCOUNT NUMBER MUST BE PLACED IN THE APPROPRIATE SPACE IN BLOCK 5, OR YOUR SHIPMENT MAY BE DELAYED.

THE RIGHT IS RESERVED TO EXAMINE ALL OUTGOING AND INCOMING SHIPMENTS ON WHICH **SDSU WILL BE BILLED FOR THE FREIGHT CHARGES.**

Department _____ Signature _____

SHIPPING INFORMATION

Date shipped: _____ Carrier: _____ Bill Number: _____ Charges: \$_____

Signature of Shipper: _____