

**Shipping Request**

TO BE COMPLETED BY DEPARTMENT  
(Please fill in as many lines as Applicable.)

P.O. No. \_\_\_\_\_  
Does item have TSU inventory number? \_\_\_ Yes \_\_\_ No. Number \_\_\_\_\_  
Department requesting return \_\_\_\_\_ Contact \_\_\_\_\_  
No. of package \_\_\_\_\_ Contents \_\_\_\_\_  
Reason for return \_\_\_\_\_  
Has return been authorized by vendor? \_\_\_ Yes \_\_\_ No. Date \_\_\_\_\_  
Return Merchandise Authorization Number (RMA#) \_\_\_\_\_  
Person authorizing return \_\_\_\_\_

**MUST BE COMPLETED:**

Ship to:  
Co. Name \_\_\_\_\_  
Recipients name \_\_\_\_\_  
Recipients phone number \_\_\_\_\_  
Address \_\_\_\_\_  
(Address must be physical not post office box.)  
City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Instructions/Freight Services:

**PICK ONE AND FILL IN REQUESTED INFORMATION**

Fed Ex:  
\_\_\_ Priority Overnight \_\_\_ Standard Overnight  
\_\_\_ 2<sup>nd</sup> Day Recipient Phone Number \_\_\_\_\_  
Special handling required? \_\_\_ Yes What \_\_\_\_\_  
Payment: \_\_\_ Sender \_\_\_ Recipient \_\_\_ 3<sup>rd</sup> Party  
Name of recipient or 3<sup>rd</sup> party \_\_\_\_\_  
Recipient or 3<sup>rd</sup> party account # \_\_\_\_\_

UPS:  
\_\_\_ GROUND-TRAC \_\_\_ Next Day Air \_\_\_ Next Day Air Saver  
\_\_\_ 2<sup>nd</sup> Day Air \_\_\_ 3<sup>rd</sup> Day Air \_\_\_ Call Tag  
Payment: \_\_\_ Sender \_\_\_ Recipient \_\_\_ 3<sup>rd</sup> party  
Recipient or 3<sup>rd</sup> party account # \_\_\_\_\_  
Declared Value: \$ \_\_\_\_\_ (will be insured for this amount.)  
(<Note> UPS maximum liability is \$100.00 for damaged or lost goods.  
Department must buy insurance over this \$100.00)

Trucking lines:  
\_\_\_ Collect \_\_\_ Prepaid  
(Items too large or heavy to ship Fed Ex or UPS.)

Shipment approved by \_\_\_\_\_ Date \_\_\_\_\_

Account to be charged # \_\_\_\_\_

For Central Receiving use only

Carrier \_\_\_\_\_ Date \_\_\_\_\_ Bill # \_\_\_\_\_

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