

Department of Chemistry
Shipping Information Form
Chemical

#Group Name: _____

#Speedchart: _____

#Your Name: _____

#Phone: _____

#E-mail _____

Is this shipment Collect: __ Prepaid: __ (Please check one)

If Collect, please *provide preferred carrier, phone and account number:

Please Note: All packages will be shipped prepaid unless otherwise indicated!

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#Chemical Proper Name: _____

Please check __Solid __Liquid __Organic__ Inorganic

All Applicable

 __Flammable__ Corrosive __Toxic __ Non Hazardous

 __ Dry Ice __ Other (Please specify)_____

#Total Quantity of Compound: _____ GR.(Solid) ML(Liquid)

Value of shipment \$ _____ __Cad __USD __EURO

=====

Destination Address: _____

#*Federal ID/IRS Number (US Only)_____

#Contact Person(Receiver): _____

#Phone:(____)_____

=====

#Authorizing Signature: _____

Print Name: _____

Date: _____

***Contact receiver to inquire**

Required

