

University of Maryland
Physics Shipping and Receiving
Shipping Request Form

FROM:

Requestee: _____ Request Group: _____

FRS Number: _____ Date: _____

SHIP TO:

Name of Contact Person: _____

Phone Number: _____

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

WAY TO SHIP (circle ●)

VALUE \$ _____

Domestic:

International:

● Next Day Air

● Express

● 2nd Day Air

● Expedited

Ground (3 to 4 Days)

QTY	UNIT	Description

Print Name: Julie Callis Phone No. x58349

Signature: _____