

# Shipout Form

Institute for Genomic Biology

Affix Tracking No. Here

All regular shipments must be in Shipping & Receiving by 2:30 -2:45 p.m. at the latest.

\* All dry ice that is OVER 5 lbs. or going International must go via FedEx and must be in Shipping & Receiving by 2:30 p.m. or the package will not go

\*\*All dry ice that is 5 lbs. or UNDER in the Continental U.S. will go UPS and must be in Shipping & Receiving by 2:30 p.m. Transit Insurance can be purchased through OBFS risk management at a reduced rate, please reach out to IGB receiving at least 3 days before you ship to take advantage of this option

Date In: \_\_\_\_\_

Time In: \_\_\_\_\_

## Shipping Information:

Preferred Carrier:  UPS (offers discounted rates)  Airborne  Federal Express  Other Type of

Service Requested:  Priority (10:30 a.m.)  Standard Overnight (3:30 p.m.)  2nd Day Air  Ground (UPS) Insured

Value \$ \_\_\_\_\_ Description of contents: \_\_\_\_\_

Special Services:  Dry Ice (lbs.) \_\_\_\_\_  Saturday Delivery  Dangerous Goods  Tracking Number

Billing:  Bill Sender ( !! Complete **Sender Information** below! )

Bill Recipient \_\_\_\_\_  Bill Third Partner \_\_\_\_\_  
*account number* *account number*

## Ship To Address:

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*(International shipments must have a telephone number included)*

Other Instructions: \_\_\_\_\_

## Sender Information:

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### CFOP Number:

-       -       (       )  
C F O P A-optional

P.O. # \_\_\_\_\_ Return Materials Authorization # \_\_\_\_\_

Comments: \_\_\_\_\_

**!! REQUIRED !!**