



SHIPPING REQUEST FORM



No.:

FROM		TO	
Name:		Name:	
Gulf Coast Research Laboratory		Company:	
703 East Beach Drive		Street:	
Ocean Springs, MS 39564, USA		Phone:	Email:
Phone:	Email:	City, State:	
Full Budget String to be charged: (i.e. 12L34 567890 01001 GR01234)		Zip Code:	Country:

Services				Package Information	
# of Pkgs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Check one	
	1st Overnight		Express Saver		Envelope
	Priority Overnight		Select this option for Freight (1, 2, 3 day) for packages over 150 pounds		Tube
	Standard Overnight				Fed Ex Box (sm, med, lg) circle one
	2nd Business Day		Ground		Other Packages
Is this item being shipped on GCRL Inventory? If so, indicate inventory # and don't forget your OFF CAMPUS LOAN FORM for your records. GCRL # _____					

Billing Information			
Bill To:	Shipper	Receiver	Receiver's Account #:

For Shipping Department's Use Only			
Package Dimentions:	Length: x Weight: x Height:		
Package Weight:	LBS. OZ.		
Declared Value:	\$		
Special Instructions for Shipment:			

Signatures	
Signature Authority Printed Name:	
Signature REQUIRED :	Date:

COMMENTS