

SHIPPING FORM

Fill out completely as requested and send this form to Central Receiving with merchandise to be shipped or returned.

Date: _____ Department: _____

Department Personnel Signature: _____

Purchasing Authorization Signature: _____

SHIPPING INFORMATION

Ship To Address: _____

ATTN: _____

Return Authorization Number If Applicable: _____

Reason For shipping or return: _____

Shipment to Be Sent: PREPAID FREIGHT COLLECT COD CALL TAG PICK-UP

If Prepaid, Department Account Number To Charge: _____

Contents Being Shipped: _____

Value: _____ Date Need To Be Shipped By: _____

Special Instructions (Insurance, Packaging, Carrier, Etc.) _____

ADDITIONAL INFORMATION

WAS MERCHANDISE RECEIVED BY A PURCHASE ORDER: NO YES

IF YES, PO #: _____ HAS PURCHASING BEEN NOTIFIED OF RETURN: NO YES

IF NO, HOW WAS MERCHANDISE RECEIVED BY NORTHWEST: _____

SHIPPING ACTION BY RECEIVING

CARRIER: _____ DATE SENT OUT: _____

WT./OR # OF PKGS: _____ FREIGHT/INSURANCE CHARGES: _____

RECEIVING SIGNATURE: _____ DATE: _____