

Shipment of Packages

Please provide the necessary information below when shipping packages and envelopes. When completed give the form and package to the Business Office for processing.

Date	<input type="text"/>	Your Name		
Department				
Reason for Shipment		Date Item(s) to be shipped	<input type="text"/>	
Contents of Package / Envelope			PO#	
RETURNS	RMA # (Return Merchandise Authorization)		Estimated Date of Purchase	
Item(s) Under Warranty		Serial Number		
Serial Number			Serial Number	
SHIP VIA				
FedEx		UPS		
USPS				
Type of Packages being sent			If Insuring Declared Value \$	
Weight of item(s) to be shipped (lbs)		Tracking #		
METHOD OF PAYMENT				
UITS Acct #		Receivers Acct #		Third Party Acct #
SHIP TO				
Name				
Company				
Address				
City			State	Zip Code
Phone Number			Ext	
Sender's Signature	_____		Date	_____
Supervisor's / Director's Signature	_____		Date	_____
KFS Account # to Charge	_____	Object Code	_____	(Department use Only)