

UPS SHIPPING FORM

Complete all information and attach (loosely) to package.
INCOMPLETE FORMS WILL BE RETURNED TO SENDER.

SENDER

DATE:

ACCOUNT #:
(REQUIRED)

NAME:

DEPARTMENT:

PHONE:

FOR RESEARCH PURPOSES, PLEASE FILL IN BELOW:

ACCOUNT HOLDER:
(REQUIRED)

AUTHORIZED SIGNATURE:
(REQUIRED)

JUSTIFICATION/DESCRIPTION:
(REQUIRED)

RECEIVER

NAME: _____

COMPANY: _____

ADDRESS: _____
(MUST HAVE STREET NUMBER AS UPS CANNOT DELIVER TO P.O. BOXES)

CITY: _____

PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

PHONE#: _____
(MANDATORY PER UPS GUIDELINES. MUST BE INCLUDED FOR OUTSIDE CANADA.)

BILL TO RECEIVER COURIER ACCT#: _____
(COLLECT SHIPMENTS ONLY)

VALUE OF PACKAGE: \$ _____

SERVICE: ☐ STANDARD ☐ EXPRESS

DANGEROUS GOODS: ☐ YES ☐ NO

DRY ICE: WEIGHT IN KGS _____

DANGEROUS GOODS: Further detail may be required regarding regulations, hazardous classifications, packaging, labeling and documentation. Dangerous Goods applications may be required for certain goods and location destinations. Services may be limited in what the University can provide. Dangerous Goods packages must be prepared in accordance with ADR regulations for ground shipments and IATA regulations for air shipments.

For international shipments and to adhere to customs regulations:
• Detailed contents of package **MUST BE** listed below or attached.
• Country of origin **MANDATORY** for outside of Canada.



CAMPUSSRC
SHIPPING & RECEIVING CENTRE

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