

MRL SHIPPING/PACKING

Materials Research Laboratory
 University of Illinois at Urbana-Champaign
 Room 190 MRL, 104 South Goodwin Avenue
 Urbana, IL 61801 MC-230
 (217) 300-5050

DATE	
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RMA#/PO#	
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ALL PACKAGES AND THIS *PRINTED* FORM MUST BE IN THE STOREROOM BY 8:30AM FOR SHIPOUT - SEE LOCAL SIGNAGE FOR UPDATED CARRIER PICKUP TIMES

REASON FOR SHIPMENT (Return, Research, Repair, Etc.)

TRANSPORTATION
<input type="checkbox"/> UPS (preferred)
<input type="checkbox"/> Next Day Needed
Contact MRL shipping if another carrier is required.

SHIP TO	
	Attn:
	Phone:
	Email:
	Comment:

SENDER	Office Phone:
Name:	Email:

CFOPA - - - -

****Important Notice:** Please be sure to enter a value on the "Insurance Value" line. Put zero if you do not wish to insure the item. If you leave this section blank, the storeroom will not insure the item(s) being shipped. Once the carrier has picked up the package, it is too late to insure the item. Thanks!*

PARCEL 1 Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____
Brief Description: _____
(If applicable): INV# _____ SERIAL # _____ *INSURANCE VALUE \$ _____

PARCEL 2 Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____
Brief Description: _____
(If applicable): INV# _____ SERIAL # _____ *INSURANCE VALUE \$ _____

PARCEL 3 Length (in) _____ Width (in) _____ Height (in) _____ Weight (lbs) _____
Brief Description: _____
(If applicable): INV# _____ SERIAL # _____ *INSURANCE VALUE \$ _____