

MSU CHEMISTRY SHIPPING SERVICE REQUEST

COMPLETE ADDRESS (No PO boxes allowed)

TO: _____

ATT: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTRY: _____

Today's date _____ Ph. # recipient _____

Account number _____ Sender _____ PI _____

Email for tracking verification _____

Declared value \$ _____ Insured \$ _____

Description of materials-**provide detailed description of item(s). Why is material being shipped? Indicate size, weight, and quantity of shipment**

<u>QUANTITY</u>	<u>DESCRIPTION</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this shipment require MTA documentation?	YES	NO
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Has this shipment been reviewed by Export Control?	YES	NO
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If yes provide documentation if NO, PI must sign below

I _____ certify this shipment does **not** require MTA or Export Control documentation

PROVIDE MSDS-NO EXCEPTIONS

Ground _____

Next day _____

2 day _____

3 day _____

Freight _____

Preferred method of shipment

International-**Customs papers are required**

Economy _____

Priority _____