

REQUEST FOR SHIPPING DOCUMENTATION

Shipping Date Required _____ **Documents to be picked up/shipped on the specified date.**

Non Dangerous Goods shipments - fax to Dena Namis at 519-767-1251 or email customs@uoguelph.ca
Dangerous Goods shipments - fax to Kevin Ecott at 519-822-0389 or email kecott@uoguelph.ca

Name of Shipper _____

Department _____ Extension _____

For Prepaid Shipments - GL coding _____

For Collect Shipments -- Courier _____ Account # _____

Receiver's Information

Company Name _____

Name of Recipient _____ Email Address _____

Address _____

Phone # _____ Receiver's Tax ID # _____

Items for Shipping

Description of Goods Shipping (model #, serial #, dry samples, wet samples, etc.)

Value of Goods _____ Currency _____

Country of Manufacturer (include address)

Reason for Shipping (repairs, warranty, RMA#) _____

Type of Packaging (boxes, envelopes, pallets, etc.) _____

of Boxes _____ Dimensions _____

Total weight of shipment _____ Total weight of Dry Ice _____

Are any of items in shipment considered to be BIOLOGICAL SUBSTANCES? YES NO
If YES, please specify origin of items _____

Are any of items in shipment in need of IMPORT PERMITS? YES NO
If YES, please include with request _____

Are any of items in shipment in need of MSDS? YES NO
If YES, please include with request _____

Are any of items in shipment in need of PHYTOSANITARY CERTIFICATES? YES NO
If YES, please include with request _____