FEDEX CHEMICAL SHIPMENT

☐	☐	☐	☐	☐	☐	☐	☐
SAME DAY	**Next Day (Before 10 a.m.)**	**Next Day (10:30 a.m.)**	**Next Day (3 p.m.)**	**2nd Day**	**3rd Day**	**Ground**	**Saturday**

International ☐ 1 DAY ☐ 2 DAY ☐ 3 DAY ☐ 5 DAY

☐ Ground to Canada

HAZARDOUS AND NON-HAZARDOUS CHEMICAL SHIPMENT

ALL CHEMICAL SAMPLES MUST HAVE A MSDS!*

PLEASE PRINT

Date:

Advisor:

ACCT #:

Contents:

Form of Sample: _____**Liquid** _____**Powder** _____ **Other**

Weight of Sample: _____**mL** **OR** _____ **grams (Not Container)**

Shipment Value:
(Enter Amount If You Wish to Purchase Insurance)

Address To:
(Company/University Name)

Street Address:
(Physical Address-No P.O. Boxes)

City:

State:

Zipcode:

Country:

ATTN:
(Person's Name/Department/RMA#)

Receiver's Phone:
(Required; Your Package Will Not Be Sent Without a Phone Number)

Sender's Name:

Sender's Signature:
(By Signing Here You Are Verifying The Contents of the Package)

Sender's Phone:

Sender's Email:
(Will be used to send Sender an email notification that the package has been sent)

24 Hour Responsible Person * Person's Name:**_____

Telephone: (Work):_____ **(Cell/Home):**_____