



Courier Shipping Request Form

This form must be filled out completely, so we can process your outgoing courier shipment.

Date: _____

Destination Information

Name: _____

Address: Street: _____
 City: _____
 Prov./State: _____
 Postal Code: _____

Phone #: _____ Email: _____

Services: Air / Additional Frgt { 'Services: 9:00 AM 10:30 AM Saturday }

Shipment Information

Content: _____

Declared Value: _____

Insured Value: _____ Dangerous Goods: Y N

Sender Information

Name: _____

Dept: _____

Ext#: _____ Cost Centre: _____

Details/Special Instructions: _____

Dept. Signature* _____ Print Name _____

***By signing above, the sender warrants that this shipment is not of a personal nature.**

Central Receiving Use Only

Tracking # _____ Weight _____

Comments: _____

Once completed, please sign this form and send it to Central Receiving with the item to be couriered.