

Purdue University
West Lafayette, IN 47907

Packing List - Mail Form 23 revised 6/00

Name: _____

Dept.: _____

Bldg.: _____

Ref.: Purdue PO# _____

Job # _____

To: _____

Consignee Ref# _____

Return Authorization# _____

NOTE: If item is being returned for repair, an estimate must be approved by Purchasing before proceeding.

Description/Explanation:

SHIPPING INSTRUCTIONS

Best way

FedEx Ground

UPS

US Postal

Certified

Registered

Return Receipt

Motor Freight

Air Freight

Insured For: \$ _____

Prepaid

Collect

CHARGE TO:

Fund

Dept-Project

DREF

Authorized Name

Authorized Phone#

Authorized Signature

Print 3 copies of this form, keep one for your records and send two to Shipping.