

# LCLS User Shipping Request Form

(Non-Hazardous Material)

**Will this be shipped to a location outside of the U.S.? No \_\_\_ Yes \_\_\_**

If yes, user must complete Power of Attorney and certify concurrence with terms and conditions. Confirm with Leilani Conradson (leilani@SLAC.Stanford.EDU, Ph: 650-926-8758) that this has been completed. \_\_\_\_\_

- It can take several days to process shipping requests through SLAC. Missing or insufficient information will delay shipments further.
- Hazardous Materials Shipments must be declared on the Hazardous Material Shipping Form and must be approved by ES&H representative.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Proposal #: \_\_\_\_\_ Spokesperson/PI: \_\_\_\_\_

**Ship to (If being shipped to an intermediary, list all recipients):**

Recipient Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Intermediary Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Intermediary Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ship via:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Federal Express  | <input type="checkbox"/> UPS                   | <input type="checkbox"/> Truck        |
| <input type="checkbox"/> Overnight        | <input type="checkbox"/> Next-Day Air          | <input type="checkbox"/> Consolidated |
| <input type="checkbox"/> Economy (2-day)  | <input type="checkbox"/> Regular Air (3 days)  | <input type="checkbox"/> ABF          |
|   | <input type="checkbox"/> Ground (5-6 wkg days) | <input type="checkbox"/> Viking       |
| <input type="checkbox"/> Airborne Express | <input type="checkbox"/> Other: _____          |                                       |

**Method of payment:**

Pre-paid  Carrier account: \_\_\_\_\_

SSRL/LCLS User Account Number: \_\_\_\_\_

**Shipment must arrive by:** \_\_\_\_\_

(this is the date SLAC Shipping & Receiving looks at to determine shipping method)

**Insurance:**  none  
 declare \$ \_\_\_\_\_

**(Declared value is a requirement for International shipments)**

# User Shipping Form Attachment

Total #. of Packages: \_\_\_\_\_

Package 1 of \_\_\_\_\_

Item	Detailed Description of Each Item (Include manufacturer, and if commercial product list url of manufacturer and item)	Identifying Numbers if known (Model, Serial, Property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight \_\_\_\_\_ lbs.; Size/Dimensions: \_\_\_\_\_ Reason for Shipment: \_\_\_\_\_

Package 2 of \_\_\_\_\_

Item	Detailed Description of Each Item (Include manufacturer, and if commercial product list url of manufacturer and item)	Identifying Numbers if known (Model, Serial, Property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight \_\_\_\_\_ lbs.; Size/Dimensions: \_\_\_\_\_ Reason for Shipment: \_\_\_\_\_

Package 3 of \_\_\_\_\_

Item	Detailed Description of Each Item (Include manufacturer, and if commercial product list url of manufacturer and item)	Identifying Numbers if known (Model, Serial, Property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight \_\_\_\_\_ lbs.; Size/Dimensions: \_\_\_\_\_ Reason for Shipment: \_\_\_\_\_

Package 4 of \_\_\_\_\_

Item	Detailed Description of Each Item (Include manufacturer, and if commercial product list url of manufacturer and item)	Identifying Numbers if known (Model, Serial, Property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight \_\_\_\_\_ lbs.; Size/Dimensions: \_\_\_\_\_ Reason for Shipment: \_\_\_\_\_

Place containers to be shipped in the shipping area located outside Room 204, Bldg 950. Attach this form to your shipment and alert Yolanda Casas (yolanda@SLAC.Stanford.EDU, Ph: 650-926-3869) of your shipment needs.

SLAC Shipping & Receiving will open all boxes being shipped overseas. They may open or repack poorly packed domestic shipments as well. If you DO NOT want Shipping & Receiving to open your box, write: DO NOT OPEN per (your name) instructions on box.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date