

**Brown University Department of Chemistry
Express Delivery Information**

Your Name: _____ Date: _____

Your Email: _____ Account # to be billed: _____

Advisor Name: _____

Collect Acct # if receiver paying: _____

Signature: _____

RMA # if applicable: _____

The Federal Government requires an explanation for all University expenditures.

State the project/account specific purpose for this shipment.

<u>Business Purpose:</u>

Shipping Information:

Recipient		Phone #	
Company			
Street			
Bldg #, etc.			
City	State:	Zip Code:	
Country			

Do you require insurance? If so, what is the value of this shipment? _____

Note: Insurance is roughly **\$0.70/\$100** of value.

Shipping Method: (please check one)

UPS Ground 3-Day Air 2-Day Air Next Day Air NDA Saver (PM delivery)

Fedex Ground Express Saver 2-Day Air Priority Overnight Standard O/N (PM delivery)

Fedex International Int'l Priority Int'l Economy

List any required special carton markings:

Document(s) only:
Other (provide Qty, Model #(s), Serial #(s), description, etc.):