

**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:

Shipping Contents:

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