



ERSO Package Shipping Request Form

This form must be filled out **completely** and attached to all packages being shipped from the ERSO S&R.

1. ADDRESS INFORMATION

Ship From Sender's Name	Phone	Faculty/Dept.
Email (Required)	Account Number Required Speedtype or Chartstring	
Ship To <input type="checkbox"/> Check if residential address		
Recipient's Name	Phone (Required)	Email
Company		
Address		
City	State	Zip

2. SERVICE & PACKAGE DETAILS

**Prices will vary depending on speed of service

ERSO S&R may determine and use the most cost effective accountable service depending on your shipping requirements

Requested Arrival Date Required: _____

☐ Check and ERSO S&R will not change your shipping service selection

Package Contents:

of packages: _____ Total Weight: _____ Dimensions: _____
Freight Preparation (i.e. crate, box, shrink-wrapped, etc.): _____

3. ADDITIONAL INFORMATION

Reason for shipment (e.g. return, repair, etc.):

If Applicable:

Vendor RMA#: _____ UCB PO#: _____ UC Berkeley Inventory Tag# _____

4. SPECIAL HANDLING (Optional)

**Additional charges may apply

☐ Insurance: Declared Value for Insurance \$ _____ (The initial \$100 is free; then \$0.55 per \$100, max \$50,000)

☐ Require Signature

5. INTERNATIONAL PACKAGES

Detailed List of Contents	Value of Item (\$)	Package Dimensions L x W x H (in.)	Weight (lbs.)	Under Export Control/Dual Use? (if yes, provide approved license)

Package Contents (ALL Items Required)

Destination: Province _____ Country _____

PI/Faculty Certification:

Compliance

By signing this form, you are certifying that all the information is accurate and all required

[Material Transfer Agreement](#) required to ship

☐ YES

☐ NO

approvals are in place prior to shipping these materials (MTA, Export Control, etc.)

this item?

Are you shipping research materials?

☐ YES

☐ NO

Signature: _____ Date: _____

Under Export Control (international only)?

☐ YES

☐ NO