



University of Arkansas at Monticello

Request for Package Pick-up

TO BE COMPLETED BY THE DEPARTMENT PERSONNEL

Contents \_\_\_\_\_

No. of boxes \_\_\_\_\_ Value of Contents \_\_\_\_\_

Types of Service:

- Ground Service, Ground Trac, 3 Day Select, 2nd Day Air, Next Day Air, International

Company Name, Property Address & Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charge to: Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY THE CENTRAL SUPPLY WAREHOUSE PERSONNEL

Warehouse Personnel Receiving Package:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Warehouse personnel must enter date received at the Warehouse on package.

Weight \_\_\_\_\_ UPS Reference Number \_\_\_\_\_ Date Package picked up \_\_\_\_\_

Cost \_\_\_\_\_

Completed by (Initial) \_\_\_\_\_

MUST BE SUBMITTED IN TRIPLICATE