Shipping Order

FORM: 0.11.1.19 Rev. 1
Date: 2011-04-05

Date:

Shippers Name	Ship To (Consignee)
CLSI Department	Address:
Address: **101 Perimeter Road, University of Saskatchewan**	
City / Province / State: **Saskatoon, Saskatchewan Canada**	City / Province /State:
Postal Code: **S7N 0X4**	Postal Code:
Phone #	Phone #
☐ Warranty Repair ☐ Return To Vendor ☐ Loan ☐ Return of Loan ☐ Chargeable Repair **RMA#**	Fax # **Consignee's Courier Account #** **Federal Tax ID# (USA)**

QTY	Description (Include Model # / Serial #)	Country of Origin	Value
HS Code :			
Noted Defect or problem:			
Where goods came from internally in CLSI:			
		Total	

Does This Shipment Contain Any of The Following Hazards?

Hazard	YES	NO	Hazard	YES	NO	Hazard	YES	NO
Explosives			Flammable Liquid			Miscellaneous Hazardous Material		
Flammable			Combustible Liquid			Poisonous Material		
Nonflammable Compressed Gas			Spontaneously Combustible Liquid			Poisonous Gas		
Infectious Substance			Flammable Solids			Radioactive Material		
Corrosive Material			Dangerous-When-Wet					
Organic Peroxides			Oxidizer					

HSE Signature: _____