

TRINITY UNIVERSITY CENTRAL RECEIVING
OUTGOING FREIGHT FORM

Date:

Name:

Phone No.:

Email:

Package Pick Up Location:

Building:

Room No.:

SHIP TO:
Name and
Complete Address:

Recipient's Phone No.:

Ship Via

Other (please specify):

Method:

Other Method (please specify):

Insurance Amount:

Charge to:

Department Name:

Budget Account No.:

Special Instructions: