

SHIPPING ORDER

FOR FURTHER INFORMATION, CALL NAME: E-MAIL (for tracking number): ALTERNATE E-MAIL:	TELEPHONE NUMBER	DATE
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ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	PROJECT-TASK (xxxxxxx-xxx)	REQUISITION NUMBER
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SHIP FROM NIST/U.S. DEPARTMENT OF COMMERCE 100 BUREAU DRIVE GAITHERSBURG, MD 20899-	SHIP TO <input type="checkbox"/> Business <input type="checkbox"/> Residence
	NAME OF COMPANY: _____ ATTN: _____
	STREET ADDRESS: _____
	ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____
	TELEPHONE NUMBER: _____ PURCHASE ORDER # OR RMA #: _____

DESCRIPTION (Include NIST property and manufacturer's serial number when pertinent; itemize all separate parts or attachments)
(If necessary, continue in Remarks)

HAZARDOUS MATERIAL YES NO If yes attach a MSD (Material Safety Data Sheet); QUANTITY: _____ (mL, L, g, kg)

NOTE: International Shipments Duties, Tax, Customs, Other Fees CHARGE to N.I.S.T. RECEIVER THIRD PARTY

CALIBRATION CHARGES: \$ _____ COUNTRY OF MANUFACTURE: _____

ESTIMATED VALUE	AS AN AGENCY OF THE FEDERAL GOVERNMENT, NIST IS SELF-INSURED
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SUGGESTED METHOD OF SHIPMENT	REQUIRED DELIVERY DATE	TRANSPORTATION CHARGES <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> THIRD PARTY Collect or 3 rd Party ACCOUNT #: _____
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PURPOSE (e.g., return of test materials, loan, repairs, etc.)	AUTHORIZED (SIGNATURE, NAME AND TITLE)
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NUMBER OF PIECES	GROSS WEIGHT	ESTIMATED SHIPPING COSTS	BILL OF LADING NUMBER	SHIPPED VIA	DATE
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REMARKS

RECEIVED BY