Columbia Physics Department: FedEx Shipping Request

Sender Information:

Full Name:_____ Columbia UNI:_____ Lab Affiliation:_____
Phone Number:_____ Email Address:_____
Mailing Address (if different from Pupin Hall):_____
_____
_____

Shipment Details:

Shipping rate (select 1): Standard Overnight
Shipping must be received by: / / (leave blank if shipment has no delivery deadline)

Package type (select): Envelope
Box
Crate

Package weight:_____lbs
Package dimensions (inches):_____height _____width _____depth
Declared total value:_____USD
Signature required? Yes No
Shipment Type (select 1): Return ---> RMA #(_____)
Lab sample
Documents
Other

Description of shipment: (please provide a minimum 2 sentences describing contents and purpose of shipment)
_____
_____
_____

Recipient Details:

Full Name:_____ Email Address:_____
Phone Number:_____ Institution/Company:_____
Mailing Address:_____
_____
_____

Payment Details:

If paid by sender, please provide:
Name of PI/Lab/Research Group paying for shipment:_____
Account name/chartstring:_____

If paid by recipient, please provide recipient's FedEx account number:_____

COMMERCIAL INVOICE

This invoice must be completed in English.

EXPORTER:

Tax ID#: EIN 13-55-98093

Contact Name:

Telephone No.:

E-Mail:

Company Name/Address:

Columbia University Physics
538 West 120th St, Pupin 704
New York, NY 10027 USA

Country/Territory:

Parties to Transaction:

☐ Related ☐ Non-Related

Ship Date:

Air Waybill No. / Tracking No.:

Invoice No.: **Purchase Order No.:**

Payment Terms: **Bill of Lading:**

Purpose of Shipment:

CONSIGNEE:

Tax ID#: SELECT DOWN ARROW FOR OPTIONS

Contact Name:

Telephone No.:

E-Mail:

Company Name/Address:

Country/Territory:

SOLD TO / IMPORTER (if different from Consignee):

☐ **Same as CONSIGNEE:**

Tax ID#: SELECT DOWN ARROW FOR OPTIONS

Company Name/Address:

Country/Territory:

If there is a designated broker for this shipment, please provide contact information.

Name of Broker **Tel. No.** **Contact Name**

Duties and Taxes Payable by ☐ **Exporter** ☐ **Consignee** ☐ **Other** **If Other, please specify**

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
							0.00	0.00
							0.00	0.00
							0.00	0.00

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:	Other (type in space below)

Subtotal:	
Insurance:	
Freight:	
Packing:	
Handling:	
Other:	
Invoice Total:	
Currency Code:	USD

Special Handling Instructions:

Declaration Statement(s):

I declare that all the information contained in this invoice to be true and correct.

Signature / Title / Date:

Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:

Signature / Title / Date:

COMMERCIAL INVOICE
CONTINUATION SHEET

This invoice must be completed in English.

EXPORTER:

Columbia University Physics
538 West 120th St, OFC 704
New York, NY 10027 USA

Country/Territory:

Air Waybill No. / Tracking No.:

Invoice No.:

Purchase Order No.:

Payment Terms:

Bill of Lading:

CONSIGNEE:

Country/Territory:

SOLD TO / IMPORTER (if different from Consignee):

Country/Territory:

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00

SUBTOTAL FOR THIS PAGE: 0.00