



UNIVERSITY OF SASKATCHEWAN

College of Engineering

eShop Shipping

Date: _____

ESS-

Express



Regular Ground



Arrive By Date: _____	Ship To: _____
Your Name: _____	Contact Name: _____
Your Phone #: _____	Phone #: _____
Your email: _____	Email: _____
Department: _____	Company: _____
CFOAPAL : _____	Address 1: _____
Supervisor: _____	Address 2: _____
Your Signature verifying that all information supplied on this page is true to your knowledge: _____	City: _____
Declared Value: _____	Province: _____
Reference Number: _____	Postal Code: _____
Courier Company: _____	Country: _____
	Other info: _____

*Please note that all information is required prior to shipping.

Signature of Fund Manager or Authorized Delegate: _____

Package	Description of content	Weight	Dimensions (LxWxH)

Comments: _____

Contact the Engineering Shops Coordinator 306-966-5388 engr.rec@usask.ca for assistance.

Thank you!

ESS- _____	eShop Use _____	Country of Origin: _____
Risk Management required. <input type="checkbox"/>	International Export Information _____	Permanent Export or Repair & Return
Tracking Number: _____	H.S. # _____	
Date Shipped: _____	USA IRS # _____	