



OFFICE OF
FINANCIAL
SERVICES

OUTGOING SHIPMENT FORM

| DATE | | ORGANIZATION NAME | | REASON FOR SHIPMENT | | |
|----------------------|----------------|----------------------------|----------------|-----------------------------|--|-----------|
| T O | VENDOR NAME | F R O M | CUSTODIAN NAME | | _____ 1. Repair _____ 2. Return for Credit _____ 3. Incorrect Item _____ 4. Damaged or Defective _____ 5. Product Recall _____ 6. Other - Explanation: _____ | |
| | ADDRESS | | LOCATION CODE | | | |
| | CITY/STATE/ZIP | | BUILDING | ROOM | | |
| PERMANENT TAG NUMBER | | DESCRIPTION | | SERIAL NUMBER | | UNIT COST |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| REMARKS | | | | Organization Head Signature | | |
| | | | | Date | | |

Please forward the original to Property Accounting and retain a copy for your records.

| | |
|---|-------|
| For Financial Services Use Only: | |
| _____ | _____ |
| Property Accountant Signature | Date |