

WSU E-Forms Request for Shipment of Merchandise

To assist us in processing your shipment request, please log into e-forms below and complete the "Request for Shipment of Merchandise" form. You will submit the form to the "Johnson Business Center" group inbox.

Log into E-Forms - <http://public.wsu.edu/~forms/eforms.html>

Once you log into e-forms, click on "Shipping and Mailing" then select "Request for Shipment of Merchandise" and click on "Start New".

WASHINGTON STATE UNIVERSITY

E-Forms System
CLIENT HOME PAGE

User ID: Danielle Engelhardt

LOG-OUT
USER GUIDE

OPEN

Form Classifications:

- My Draft Forms
- My Completed Forms
- Workflow
- Personal Inbox (5)
- Group Inboxes
- FS Clark Business Center
- Johnson Business Center
- All Forms
- Shipping and Mailing
- Sponsored Programs

24 Workflow Items

Sort By: Form Title, list as Title | Number

Form Templates in Classification: Search Results:

- Request for Shipment of Merchandise | WSU121

START NEW

LIST E-FORMS

PRINT BLANK FORM

FIND BY REPORT ID

Form Description:
Request for Shipment of Merchandise

Once the form has opened, you will input the required information.

Date, Budget, Project, "CARRIER TRACKING NUMBERS" (for fedex, UPS, etc), Business Name, Attention, Address, Phone Number, City, State, and Zip Code.

Then enter the type of shipment the person shipping wants, i.e., AIR 1-Day, AIR 2-Day, or ground, etc., how many cartons you are sending and if there are any special instructions, then enter the Description of Merchandise you are sending.

REQUEST FOR SHIPMENT OF MERCHANDISE			
CENTRAL RECEIVING 1120		This section completed by department providing merchandise directly to carrier.	
WASHINGTON STATE UNIVERSITY		DATE SENT	
If WSU pays shipping, please provide the WSU account number (budget project) below to the carrier as a reference. The carrier should include this number on the bill sent to WSU.		REQUEST NO. 123285	
DATE		CARRIER	
BUDGET		CARRIER TRACKING NUMBERS	
PROJECT			
SHIP TO:			
BUSINESS NAME		ATTENTION	
STREET NO. USE STREET ADDRESS ONLY -- NO PO BOXES		RECIPIENT TELEPHONE NO. (Required)	
CITY		STATE	ZIP CODE
SHIP VIA: <input type="checkbox"/> GROUND <input type="checkbox"/> AIR 3-DAY <input type="checkbox"/> AIR 2-DAY <input type="checkbox"/> AIR 1-DAY <input type="checkbox"/> PREPAID LABEL <input type="checkbox"/> AUTO FREIGHT			
NO. OF CARTONS	SPECIAL INSTRUCTIONS		
DESCRIPTION OF MERCHANDISE			

Enter the Billing information: "Who is it paid by" and budget number. Typically we do not insure merchandise. Be sure to check if it's hazardous or not or if it contains dry ice.

If you are returning merchandise you need to fill in the section for returns with the "Item No., reason for returning, and if the vendor has been notified along with details of return. If they provide an authorization number, please include that.

Enter the department "CAHNRS Business Center", and sign it and submit to the "Johnson Business Center Group Inbox", we will then prepare the request. You can then take your package down to the Johnson Business Center for Shipment.

BILLING <input type="checkbox"/> PAID BY WSU	<input type="checkbox"/> BILL RECIPIENT	RECIPIENT SHIPPING ACCOUNT NUMBER		<input type="checkbox"/> AUTO FREIGHT COLLECT	
DEPT. ACCT	BUDGET	PROJECT	OBJ	INSURE? <input type="checkbox"/> NO <input type="checkbox"/> YES	VALUE PER CARTON
COMPLETE THIS SECTION IF SHIPPING HAZARDOUS MATERIAL					
HAZARDOUS MATERIALS? <input type="checkbox"/> NO <input type="checkbox"/> YES		DETAILED HAZARDOUS MATERIAL DESCRIPTION <input type="checkbox"/> DRY ICE <input type="checkbox"/> OTHER			
HAZARDOUS MATERIAL PACKAGE PREPARER				TELEPHONE	
COMPLETE THIS SECTION IF RETURNING MERCHANDISE					
PURCHASE ORDER NUMBER	FIELD ORDER NO. F	OR	K ORDER NO.	OR	BLANKET ORDER NO. B
REASON FOR RETURNING MERCHANDISE <input type="checkbox"/> WRONG ITEM <input type="checkbox"/> WRONG DELIVERY ADDRESS <input type="checkbox"/> REPAIR <input type="checkbox"/> DAMAGED <input type="checkbox"/> OTHER, DESCRIBE BELOW					
HAS VENDOR BEEN CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER NAMES, DATES, AND DESCRIPTIONS OF VENDOR CONTACTS BELOW. <div></div>					
					RETURN AUTHORIZATION NO.
AUTHORIZED NAME				DEPARTMENT	
AUTHORIZED SIGNATURE				PREPARER E-MAIL	

WSU1212-GENEX111-0314

Sign Form