



College of Southern Nevada
Shipping Authorization Form

Date: Department Requesting Shipping:

Department Contact Name: Contact Phone:

Department Program #:

Preferred Shipping Method:

FedEx USPS Supplier Issued Call Tag

Number of Packages to Ship:

Insured: YES NO Amount: \$

Expected Latest Date for Delivery:

Contents and Value of Package 1: Asset Tag #/Serial #: PO # or P-Card PCV#:

Contents and Value of Package 2: Asset Tag #/Serial #: PO # or P-Card PCV#:

Contents and Value of Package 3: Asset Tag #/Serial #: PO # or P-Card PCV#:

SHIPPED TO:

Company:

Address:

City, State, Zip:

REASON FOR SHIPMENT / RETURN:

Three horizontal lines for text entry.

Complete if Applicable:

RETURN MERCHANDISE AUTHORIZATION (RMA#):

Supplier: Rep. Contact Phone:

Rep. Contact Name: Rep. Contact Email:

Printed Name: Signature: