



MSE Departmental Shipping Request

Student Name:								
Student Email:								
Shipping Category:	Interr	national						
	Dome	estic						
Commercial Invoice	Attached:	Y						
		Not Applic	able					
Carrier:	FedEx							
	Purolator							
'Ship To' Address:								
Dept/Company:								
Attn:								
Street Number:								
City:								
Province / State:								
Postal / Zip Code:								
Country: Phone # & Email:								
Contents (indicate n	number of boxes	s/envelopes, di	mensions (L	. x W x H) a	nd the value	e of the iter	ns to be shi	pped):
Supervisor Name:								
Supervisor Signatur	re:				_			
CC/IO:								
CFC:								
CF:								