## Columbia Nano Initiative (CNI-CISE) UPS / Fedex Charge Authorization

Sender Information					
Last Name:	First Name:				
Columbia ID/UNI:Date:AA	Telephone:				
Title:Faculty Student Staff	Other:Dept:				
Address:	Email Address:				
Recipient Information					
Please check the appropriate nu	umber below to indicate the service requirement:				
Overnight Standard	Tracking #:				
Package Envelope	1				
Multiple Package(s):	Type of Shipment:				
1. Package dimensions					
L:W:H:Weight:	Return / RMA#				
2. Package dimensions	Lab Samples				
	Documents				
L:W:H:Weight:	International				
	Other (Please describe below)				
То	Date Package must arrive:				
Company:					
Name:	_				
Address:	_				
	Total Declared Value: \$				
	For Insurance Indicate Amount or (%):				
Telephone # of Recipient:	Email Address of Recipient:				
For Additional instructions or comments: (special of	telivery or handling include below)				

Billing information:										
Unit	Dept	PC Bus Unit	Project	Activity	Initiative	Segment	Fund	Function		
COLUM										