



**Greeley-Evans**  
Weld County School District 6

1025 NINTH AVENUE | GREELEY, COLORADO 80631  
970-348-6000 | WWW.GREELEYSCHOOLS.ORG

FINANCE  
DEPARTMENT

**Shipment Notice**

Date \_\_\_\_\_

School / Department \_\_\_\_\_

Individual Making Request \_\_\_\_\_

Phone Number & E-mail \_\_\_\_\_

**Ship to –**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Reason for Shipment / Explanation of Return**

Please include all pertinent information include PO# and/or Invoice#, if applicable. *For example – Sent in Error; Defective; Duplicate; Replacement needed; Re-order; Repair; Credit; Preview, etc.*

**Description of Contents**

Quantity	Item	Catalog #	Unit Price	Total Price

**Insurance Information**

Each carton will automatically be insured for \$100 in value.  
Additional coverage is \$.35 per \$100.

# of Cartons \_\_\_\_\_ Value of Each Carton #1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_

Would you like additional insurance? Yes No

**Account Number**

*For shipping charges & additional insurance charges (if applicable)*

Fund (2)	Loc (3)	SRE (2)	Prog (4)	SubProg (4)	Object (4)	SubObj (2)	Job (3)	Grant (4)

\_\_\_\_\_  
*Requestor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spending Authority Signature*

\_\_\_\_\_  
*Date*