

Courier Request Form

Name:
 Phone Number:
 School/Centre:
 Cost Centre:

Project
Costs Centre
Account
Activity
Location
Company

Courier

Send To: (PO Box will not be delivered to)

Sender's Ph:
 Receiver's Ph:

To Be Delivered By:

Date: Time: am/pm
 No. of items: Weight: kgs:
 Dimensions: x x cm

Reverse Courier

Collect From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Deliver To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Senders Ph: <input type="text"/>	Receiver's Ph: <input type="text"/>

(A Custom Declaration is required for all overseas items other than documents)

Sender's Signature: Date:

Mail Room Staff Only

Sent By: <input type="text"/>	Quote: <input type="text"/>
Con Note No: <input type="text"/>	Job No: <input type="text"/>
Time Ordered: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>