

Courier Request Form

Name:

Phone Number:

Department:

Cost Centre: 4 1 5 1 0 1

(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

Product Description: Item(s):

No. of items: Value of Goods: \$

Dimensions: x x cm Weight (kgs):

Dimensions: x x cm Weight (kgs):

Dimensions: x x cm Weight (kgs):

Reverse Courier

Collect From: _____ Deliver To: _____

Senders Ph: _____ Receiver's Ph: _____

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

Sender's Signature: _____ Date: _____

Submit form via email to:

Mail Room Staff Only

Sent By: TNT Toll Quote:

Con Note No: Job No:

Time Ordered: Date:

Name: Signature: