LCLS Non Hazardous Shipment Date:						
First Name:	Last Name:	Phone Number:				
Email:	Proposal #:	Spokesperson/PI:				
Ship to Information						
Required for all shipment types. *						
Additional information required only for Int	ernational shipments **					
SDS formally MSDS now Safety Data Sheet.	*					
Recipient-						
First Name*:	Last Name*:	Institu	ution*:			
Recipient Phone Number*:						
Recipient Address*:						
City*:	State/Province*:	Zip*:	Country*:			
User SLAC PA Account*:		Other Payment Method:				
Shipment must arrive at final destination by*:						
Why are we sending these items out?*						
Power of Attorney on file with SLAC?* Yes No						
If no Power of attorney is on file with SLAC please sign one and turn into your POC with this form to avoid delays.**						
Package 1						
Item* Qty* Part Number/ Model Number*	Description*		Sample/ Chemical SDS Provided? Y/N*	Value**	Weight*	ECCN/ Schedule B Number**

## Schedule B website link : <a href="https://uscensus.prod.3ceonline.com/">https://uscensus.prod.3ceonline.com/</a>

## Package 2

Item*	Qty*	Part Number/ Model Number*	Description*	Sample/ Chemical SDS Provided? Y/N*	Value**	Weight*	ECCN/ Schedule B Number**
				Y/N*			

Schedule B website link : <a href="https://uscensus.prod.3ceonline.com/">https://uscensus.prod.3ceonline.com/</a>

Other documentation provided for shipment?					
Carnet	Yes	No			
SDS	Yes	No			
POA	Yes	No			

Shipment cannot be processed if ALL of the required documentation is not provided.

## **Operations Support**

To be filled out for LCLS Operations Support.

Special handling instructions for shipment.

Processed By:	
Date Shipment processing began:	
eShipper:	
Shipment Notes:	
Date Shipment left SLAC:	
Tracking Number:	