

EVENTSCAPE

SHIPPING REQUEST

Requested By		Request Date	
Client Name	Job No.	Federal Tax ID (US Clients)	
Pick Up Address		Ship To Address	
Pick Up Contact (Name + Phone)		Ship To Contact (Name + Phone)	
Load Ready (Date + Time)		Deliver By (Date + Time)	
Package Type	Dimensions	Weight (lbs)	
Description of Contents (Copy of Pack Slip to be provided in separate document)			
Special Instructions (Loading dock, tailgate, moffat, curbside, dedicated or LTL, flatbed, stackable)			
Budget Line	Value of Goods (CDN / USD)		Shipment # (Assigned by Accounting)
Carrier Name	Rate Quoted	Contact	Carrier Details