

Hazard Packaging Request Form

Requested by: _____

Date of request: _____

Address: _____

Department/School: _____

Budget Code(26 digits): _____

Business Administrator: _____

I hereby approve the request from the individual listed above to purchase shipping supplies from EHRS for a hazardous shipment.

Business Administrator's signature: _____

Packaging selection:

<input type="checkbox"/>  Category B / Dry Ice Shipper LARGE (OD: 15" x 13" x 12") Cost: <u> \$48.25 </u>	<input type="checkbox"/>  STP - 309DI Category B Insulated Shipper MEDIUM (OD: 11" x 9.5" x 8.5") Cost: <u> \$ 24.13 </u>	<input type="checkbox"/>  STP - 302 Category B Insulated Shipper SMALL (OD: 8" x 6.75" x 6") Cost: <u> \$24.13 </u>
<input type="checkbox"/>  Therapak Expanded Polystyrene Insulated Shipper (56537M) MEDIUM (OD: 15" x 13" x 12") Cost: <u> \$13.30 </u>	<input type="checkbox"/>  Therapak Expanded Polystyrene Insulated Shipper (56519) SMALL (OD: 11" x 9" x 11") Cost: <u> \$6.71 </u>	

Total Cost: _____