

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:

  <p>Category B / Dry Ice Shipper LARGE (OD: 15" x 13" x 12")</p> <p>Cost: <u> \$48.25 </u></p>	  <p>STP - 309DI Category B Insulated Shipper MEDIUM (OD: 11" x 9.5" x 8.5")</p> <p>Cost: <u> \$ 24.00 </u></p>	  <p>STP - 302 Category B Insulated Shipper SMALL (OD: 8" x 6.75" x 6")</p> <p>Cost: <u> \$24.00 </u></p>
  <p>Therapak Expanded Polystyrene Insulated Shipper (56537M) MEDIUM (OD: 15" x 13" x 12")</p> <p>Cost: <u> \$25.00 </u></p>	  <p>Therapak Expanded Polystyrene Insulated Shipper (56519) SMALL (OD: 11" x 9" x 11")</p> <p>Cost: <u> \$6.70 </u></p>	

Total Cost: _____