

**CITY COLLEGES OF CHICAGO—DISTRICT OFFICE**  
**ADMINISTRATIVE SERVICES**  
**PACKAGE SHIPPING**  
**Request Form SR-106**

**General Information**

Please fill out a separate request form for each 'ship to' address. Normally, leave your packages unsealed for inspection; Mail Center personnel will seal them securely. You may bring your packages to room 103/105, or call to have them picked up. (Please be sure to have a property pass ready for any equipment/furniture owned by CCC.)

**To Request a Shipment**

Please complete this form, obtain the proper approval(s) and fax it to the Mail Center at x3284. Please allow approximately 10 days for standard delivery.

Department Responsible:           Mail Center  
Position Responsible:           Mail Center Supervisor  
Telephone Number:               2580  
Room Number:                    103

**Date** \_\_\_\_\_

**Sender Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tel. Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Department: \_\_\_\_\_ Room No: \_\_\_\_\_  
Email address: \_\_\_\_\_@ccc.edu

**Service Required**

Ground (Standard): \_\_\_\_\_ 2nd Day: \_\_\_\_\_ Next Day: \_\_\_\_\_

**Ship to:**

Company or Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Attn: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ Email address: \_\_\_\_\_@\_\_\_\_\_  
Room/Floor: \_\_\_\_\_  
Department: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

General Description of Package Contents: \_\_\_\_\_

Number of Packages: \_\_\_\_\_

Insurance Value of any Package over \$100: \_\_\_\_\_ If more than 1 package, number and identify the packages.

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**For Mail Center use only**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_