

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
PURCHASING SERVICES DEPARTMENT**

**SHIPPING SERVICES REQUEST AND CHARGE FORM**

School/Department:	Date:
Location:	Delivery Date:
Requested by:	P.O. #: Invoice #:
Ship to:	Description:
Reason fo Shipping:	
Zone: _____	
Lbs.: _____	
Cost: _____	
Ins.: _____	
TOTAL: _____	
Approximate Value of Items: _____	
Signature of Administrator: _____ Date: _____	

AMOUNT TO BE CHARGED: \_\_\_\_\_



THE ABOVE HAS BEEN CHARGED TO YOUR BUDGET AS CODED BELOW

To be completed by Budget Services Department only: Budget Approval: \_\_\_\_\_

CREDIT (Budget Code) \_\_\_\_\_ = \$ \_\_\_\_\_

DEBIT (Budget Code) \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ = \$ \_\_\_\_\_

Date: 12/13/04

WHS-F001

1 of 1

Distribution - White - Warehouse

Yellow - Accounting

Pink - School File