



UC San Diego Policy & Procedure Manual

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RECEIVING & SHIPPING

Section: 524-4 Exhibit B

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EXHIBIT B

DOMESTIC TRANSIT RISK PROGRAM Prior Approval Form (One week notice) To be used for Domestic Shipments over \$100,000

Date of Request: _____ Campus: SAN DIEGO

P.O./Shipping Request #: _____ B/L or Air Bill #: _____

Merchandise: _____

Shipping/Sail Date: _____ Name of Ship: _____

Shipping Weight: _____ Value/Amount: _____

Shipment From: _____ To: _____

Name of Common Carrier: _____

Packed By: _____ No. of Containers: _____

Highest Value of Any One Container: \$ _____ Equipment (new or used): _____

INDEX/FUND/ORG #: _____

Description of Property-provide breakdown of values/attach listing or P.O. if possible. If being shipped on more than one vehicle/carrier, please describe: _____

Requested By: _____
(Contact) (Phone) (Mail Code)

Approved By: _____
Risk Manager

TO BE COMPLETED BY BROKER OR OFFICE OF THE PRESIDENT, RISK MANAGEMENT

Requirements/Conditions of Approval: _____

Approved By: _____ Date: _____

Rate Applied: \$ _____ Total Amount Insured: \$ _____

PREMIUM CALCULATION: _____

(Revised 7-31-92)