EXHIBIT C

FOREIGN SHIPMENT INSURANCE
(Shipments over $1,000,000 require three week notice)

CAMPUS: SAN DIEGO
Date of Request: ____________________________
P.O., Shipping Request, B/L, or Air Bill #: ____________________________
Merchandise: ______________________________________________________

(Provide breakdown values if possible)
Date of Shipment: ____________________________
From: ____________________________ To: ____________________________
(City, State, Country) (City, State, Country)
Shipping Weight: ____________________________ Name of Ship (if sea bound): ____________________________
Value Insured:

Amount of Invoice plus 10% of invoice plus shipping and freight cost
Name of Common Carrier: ____________________________
Packed By: ____________________________
Number of Containers: ____________________________
Equipment: ____________________________ (New or Used)
Highest Value of Any One Container: ____________________________
Index: ____________________________ Fund: ____________________________ Org: ____________________________
Requested by: ____________________________ Phone: ____________________________

Approved: ____________________________________________

Risk Manager

(Revised 7-31-92)