



UC San Diego

Policy & Procedure Manual

[Search](#) | [A-Z Index](#) | [Numerical Index](#) | [Classification Guide](#) | [What's New](#)

RECEIVING & SHIPPING

Section: 524-4 Exhibit C

Effective: 12/01/1992

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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)