RECEIVING & SHIPPING
Section:  524-4   Exhibit C
Effective:  12/01/1992
Supersedes:  04/05/1979
Review Date:  TBD
Issuance Date:  12/01/1992
Issuing Office:  Material Support Services

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)