



**Distribution Services  
Shipping & Receiving**

**REQUEST FOR STATUS OF ORDER**

PLEASE USE THIS FORM TO INQUIRE ABOUT THE STATUS OF YOUR ORDER. SEND THE FORM VIA FAX TO X83386 or X80902.

**NAME OF COLLEGE/DEPT:** \_\_\_\_\_

**PERSON TO CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Date Items Ordered:** \_\_\_\_\_

**Purchase Order Number:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**HOW SENT:** \_\_\_\_\_  
(UPS, FEDEX, AIRBORNE, DHL, OTHER)

**Date Items Ordered:** \_\_\_\_\_