Science Equipment Manifest Form

Vessel Name:	Voyage:
Load Port:	Load Date:
Discharge Port:	Discharge Date:
SHIPPER	RECEIVER
Organization:	Organization:
Address:	Address:
City, State Zip:	City, State Zip:
Phone Number: Fax:	Phone Number: Fax:
Contact Name:	Contact Name:
Containerized shipment: Yes No If yes, Container number:	

Item Number	Quantity	Item Description	Weight per unit (lbs)	Total Item Weight (lbs)
TOTAL MANIFEST		NIFESTED WEIGHT:		
		Form completed by:		

Complete, print and fax this form to Manager, Shipboard Science Support Group (SSSG) at (206) 543-6073.