

SHIPMENT CONTROL FORM (SCF)

This form must be filled out in its entirety and emailed in the following format to Shipping@thepaperstore.com
 A separate SCF must be filled out for EACH PO and sent as attachments in a SINGLE email when multiple PO's are shipping in one shipment request (see example below).

SUBJECT TITLE: SCF (Vendor Name) Po# (s) _____

ATTACHMENTS:

Packing list Po#1	Packing list Po#2
SCF for PO#1	SCF for PO#2

EDI VENDORS ONLY: Provide an automated ASN# for EACH PO#
**Shipper Email Signature & Contact Information are required*

Pick-up Company Name: _____	Vendor Name <i>(if different)</i> : _____
Pick-up Address: _____	Vendor Contact # <i>(if different)</i> : _____
City: _____ State: _____ Zip: _____	Vendor Contact Email: _____
Contact Name: _____	TPS PO Number: _____
Contact #: _____	

VENDOR SHIPPING QUOTE			
Quote information	Quote 1	Quote 2 (not required)	Quote 3 (not required)
Shipping cost:			
Carrier:			
Method (Freight/Ground):			
Transit Time:			

CARTON INFORMATION											
<i>(only required when shipping 20 boxes or less)</i>											
Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)
1			6			11			16		
2			7			12			17		
3			8			13			18		
4			9			14			19		
5			10			15			20		

Does a UPS ground pick up need to be scheduled?
 YES - we have NO daily UPS ground pick up; please specify pickup hours: _____
 NO

Pallet #	Number of boxes	L x W x H (Inches)	Product weight (Lbs.)	Pallet Weight (avg. 35 Lbs.)	Total Weight	Commodity (i.e. Ceramic mugs)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
27						
28						
*Truck Number:						

Does your pickup location have a loading dock? YES NO (Liftgate is required)

Please list any additional special services required at pickup location: _____

(i.e. Truck size restrictions, limited access, etc.)

Shipping Hours: _____

****If shipping more than one FTL (Full Trailer Load) please indicate truck number and fill out a separate SCF form for each truck. ****