BL Form 50 (REV. 8-08)				U.S	S. GOVE	RNMEN <sup>-</sup>	Т ЅНІРРІ	NG DO	OCUMENT		U.S. DEPARTME Office o	NT OF COMMERCE f the CAO - Boulder Boulder, Colorado
Check One:												
☐ NIST				☐ NTIA				Other				
SHIP TO (Include company name, contact name and telephone number of recipient.)					SHIP FROM (Include name, address and and telephone number of shipper.)				Authorized by:			Date
									Prepared by:			Date
									Room		Extension	
									Purpose: (e.g.return of materials, loan for repair, gift.)			
									Required Delivery D	ate:		
Date Shipped		Cost		Tracking N	Number	Total Pieces	Total Weight	Value	Ship Via	Divsion/Org. Code	Project/Task N	lumber/Cost Cover
Вох		Item	Descript	tion: (Include proper	rty number or mar	ufacturer serial n	umber when perti	nent. Itemize	all separate parts or a	attachments.)		
Hazardous Material: Yes: No: If yes, attach a MSDS (Material Safety Data Sheet). Net Qty: (ML, L, G, KG)												
				pies of a commercia		., 244 511661).	ivet Giy. (IV	il, l, G, NG)	L			
				be paid by :		Receiver	Third Party					
Remarks:												