

## OPEN CARGO REPORTING FORM

Department: \_\_\_\_\_

Check Quarter:  (July, Aug. Sept.)

(Oct., Nov., Dec.)

(Jan., Feb., March)

(April, May, June)

TODAY'S DATE	MODE OF TRANSPORTATION	DATE OF SHIPMENT	FROM	TO	TYPE OF GOODS	VALUE INSURED	ACCOUNT NUMBER (13 Digit)

*\*Please submit to:* Risk Management  
 2199 Addison Street, Room 191  
 Berkeley, CA 94720-1100  
 Fax: (510) 643-5050

\_\_\_\_\_  
 Department Signature

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 Campus Risk Manager's Signature

\*Note to Campus Risk Management: cc form to Aon and OPRM