

# SHIPPING REQUEST FORM

DATE:

AIR BILL #: \_\_\_\_\_

DEPT.:

WEIGHT: \_\_\_\_\_

SENDER:

COST: \_\_\_\_\_

SENDER PHONE:

**SHIP VIA (CHECK ONE):**

\* UPS

(CAN NOT DELIVER TO P.O. BOXES)

POSTAL EXPRESS

(METRO AREAS DELIVERY BY 3:00 P.M.)

**METHOD OF PAYMENT:**

BILL SENDER:

BILL RECIPIENT:

\*( \$ 12.50 EXTRA FOR SATURDAY DELIVERY)

UPS ACCT#:

FUND: DEPT ID: ACCT #: CLASS: PROGRAM:

PRODUCT: PROJECT: OP UNIT:

NUMBER OF BOXES:

- NEXT DAY AM  NEXT DAY PM  TWO DAY SERVICE  3 DAY SELECT  SATURDAY  
 INTERNATIONAL  GROUND

TO: NAME:  PHONE:

COMPANY:

ADDRESS

ADDRESS

ADDRESS

CITY:  STATE or PROVINCE:

ZIP or POSTAL CODE:  COUNTRY:

- SIGNATURE RELEASE (only if you don't need a signature when the item is delivered)  
 If you want a signature on delivery to residential address please check here. (Extra charge)