

Shipping Request Form

- Name:
- Date:
- Department:
- Cost Center/Fund Center:
- Email Address:

- Place a check next to the preferred service.
 - Next Day
 - 2nd Day
 - 3rd Day
 - Ground Delivery
 - Insured Amount if Applicable
 - Residential or Commercial (Please circle one)

- Place a check next to the preferred Carrier
 - UPS (preferred rates)
 - FedEx
 - Rate shop for most economical

- Shipping to

Name:

Attn:

Address:

City/State/Zip:

Instructions:

- Attach this form to the package
- Place package in your building's mail room with the outgoing mail
- If sending multiple or oversized packages, please contact mail services prior to placing item in mail room (x4403)