



**DOMESTIC SHIPPING FORM**

Date: \_\_\_\_\_

Shippers Name: \_\_\_\_\_

Email Address (Tracking): \_\_\_\_\_

Receiver Name/Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

**UPS Service - Please Select One:**

- Ground** (1-5 business days depending on distance)
- Next Day Air Early A.M.** (Next business day as early as 8 am)
- Next Day Air** (Next business day by 10:30 am)
- Next Day Air Saver** (Next business day by 3:00 pm)
- 2<sup>nd</sup> Day Air A.M.** (Second business day by 10:30 am)
- 2<sup>nd</sup> Day Air** (Second business day by end of day)
- 3 Day Select** (Third business day by end of day)

**Payment Method: Select One**

- Pay at Bookstore (front register)**

**Total Amount (UPS charge + \$1): \$** \_\_\_\_\_

**Dept Charge – 5 Digit Code:** \_\_\_\_\_

**Dept Name** \_\_\_\_\_

**3rd Party UPS Account #** \_\_\_\_\_

**\*Additional Insurance Required? (\$100.00 Included)**

**If YES, Please Enter Amount:** \_\_\_\_\_

**\*\*Bookstore Employee - Place Label(s) Here: If more than 2, place on back of this sheet**