



Facilities Services Shipping Form

Date: ____/____/____

PERSON MAILING PACKAGE

Name _____ Phone _____

Department Name _____

Fund # _____ Dept # _____ Project or Program Number _____

RECIPIENT INFORMATION

Name _____

Company Name _____

Street Address (cannot ship to PO Boxes) _____

City/State/Zip or Postal Code _____

Country _____

Recipient Telephone Number _____

SHIPPING AND PACKAGE DETAILS

FedEx UPS How fast do you want the package to arrive? _____

Maximum amount that can be billed to your department _____

Declared value/Insurance required Yes: _____ No Are you shipping liquids: Yes No

Package contains hazardous materials (such as dry ice, biological substances, etc): Yes No

Special Instructions: Proof of Delivery; Email address for POD: _____

Signature Required

INTERNATIONAL SHIPMENTS

Content Description. **Required** — please be specific _____

SHIPPING OFFICE USE ONLY

Length _____ Width _____ Height _____ Weight _____