

Date: _____

FedEx Shipping Form

Service Type (Circle One): Priority Overnight First Overnight Fedex Express Saver

Standard Overnight FedEx 2-Day FedEx Ground

International Service Type (Circle One): Priority Service Economy Service First Service

Your Name: _____ Phone: _____

Your Email Address: _____

Name of Company Shipping To: _____

ATTN To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country _____ Postal Code (International): _____

Phone # of Recipient: _____ Specific Delivery Date Needed: _____

Overnight Required [Y/N]: _____ Charge to what Project #: _____

FedEx Insures up to \$100, Additional Required: [Yes/No] _____ If so, how much? _____

Is there a Declared Value: _____

Description of Materials to be Shipped: _____

Purpose: _____

Special Instructions, if any _____

If shipping commodities [Circle One]: Commercial Sample Return & Repair

Add Dimensions: L: _____, W _____, H _____ Weight: _____

Schedule Pick Up from Room 3250? [Y/N] If Yes, what time? _____

P.I./Faculty Name: _____ Signature: _____