

FedEx Shipping Form (Please Print)

(Shipments must be received by 4:30 pm for same day processing)

Your Name: _____ Phone: _____ Date: _____

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 Shipped: _____

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

Special Instructions, if any _____

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

Please provide a business purpose for this shipment:

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

Accounts Manager Authorization (**All 5 Accounts**): Elizabeth Baker, Rm #3119: _____

Derek DeLong, Rm #3117: _____

Business Officer Authorization, Paula Hubbell, Rm #3008: _____

(Non-Ledger 5 Accounts Approval)