

Express Shipping form

Please print clearly and fill in all applicable areas

----- **SENDER INFORMATION** -----

Department Project #: _____ Phone number/extension: _____
(if applicable)

Name: _____ Department/SU: _____

Signature: _____ Date: _____

Special shipping instructions, notes,
e-mail for tracking, etc.: _____

RECIPIENT INFORMATION

Please ensure complete and accurate mailing address. Bad addressing may cause undeliverable, redirected or returned express parcels. Any additional expense incurred may be charged back to you or your department.

Recipient Name: _____ Phone Number: _____

Company: _____ Department: _____

Exact Street Address: _____
(Street address strongly preferred over PO Box)

City: _____ State: _____ Zip Code: _____

Country: _____ Content/value (required for international packages) _____

Signature REQUIRED: no yes (\$2.00 additional charge may apply per Fedex)

Campus Services Use Only

Priority Overnight () Weight _____

Standard Overnight () Dimensions ___x___x___

Economy 2 Day () Cash Sale \$ Amt. _____

Economy 3 Day () (+ \$2.00 if signature required)

International () Insurance value _____

Tracking # _____