

UPS SHIPPING INFORMATION FORM

Billing Information

Fund #				Dept. ID #				Account #					Program #				Project/Grant #					Class #							
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(Check Only One)

- Bill Sender (State account #) - see above boxes
- Bill Recipient (UPS account #) _____
- Bill 3rd Party (UPS account #) _____

Shipping Information

To	From
Name:	Name:
Company:	Dept:
Street (Do no use a P.O. Box):	Phone:
City/State/Zip:	Purchase Order # (if applicable)
Phone:	Reason for return (if on a P.O.)

Package Information

Type of Service: (Check Only One)

- Groundtrac
- 3 Day Select
- 2nd Day Air AM
- 2nd Day Air
- Next Day Air Early AM
- Next Day Air
- Next Day Air Saver
- International Express
- C.O.D

Mark One: Residential Commercial

Contents: _____
 (When shipping international, be specific on contents)

Value:

Insurance: Yes No

Package is automatically insured up to a value of \$100.
 Insurance for anything over \$100 MUST be requested.
 If not requested, the Warehouse WILL NOT insure.

- Special Handling:** Hold for pick-up @ no extra charge (must have recipient's phone #)
 Saturday delivery (\$10 additional fee)

(For Warehouse Use Only)

If you have any questions, please call State Receiving Warehouse Staff @ x62872

Date Shipped:
Amount Charged:

Parcels received at the Warehouse after 2 PM will be shipped the next day. Thank You.
This form will be returned via Campus Mail to Department on this form