### UPS Shipping Information Form

#### Billing Information

<table>
<thead>
<tr>
<th>Fund #</th>
<th>Dept. ID #</th>
<th>Account #</th>
<th>Program #</th>
<th>Project/Grant #</th>
<th>Class #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>6 6 0 0 0 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Shipping Information

<table>
<thead>
<tr>
<th>To</th>
<th>From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Company:</td>
<td>Dept:</td>
</tr>
<tr>
<td>Street (Do not use a P.O. Box):</td>
<td>Phone:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Purchase Order # (if applicable)</td>
</tr>
<tr>
<td>Phone:</td>
<td>Reason for return (if on a P.O.)</td>
</tr>
</tbody>
</table>

#### 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)

<table>
<thead>
<tr>
<th>Date Shipped:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Charged:</td>
</tr>
</tbody>
</table>

**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*