

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 (<i>Do no use a P.O. Box</i>):	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

Special Handling: ☐ Hold for pick-up @ no extra charge (must have recipient's phone #)

☐ Saturday delivery (\$10 additional fee)

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.

(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