

UPS SHIPPING INFORMATION FORM

Billing Information

Fund #	Dept. ID #	Account #	Program #	Project/Grant #	Class #
		6 6 0 0 0 1			

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

Shipping Information

TO:	
Company or Name:	
Attention:	
Address 1:	
Address 2:	
Address 3:	
City/State/Zip:	
Phone:	
FROM:	
Name:	
Department:	
Phone:	

*UPS will only accept shipments to a valid street address. **P.O. box shipments must be shipped via USPS.**

Please email tracking # to:	@calpoly.edu
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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

Mark One: Residential Commercial

Contents: _____
 (Detailed content description required when shipping internationally)

Value:

Insurance: Yes No

Package is automatically insured up to a value of \$100. Insurance for anything over \$100 must be requested.

Special Handling:

Saturday delivery (\$10 additional fee)

(For Warehouse Use Only)

Amount Charged:	Date Shipped:
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Parcels received at Distribution Services after 2 PM may be shipped the following business day.

This form will be returned via campus mail to the 'from' department

Questions?: Call Distribution Services @ x62872

