

Printing Services

Mail Services Shipping Request

Instructions: Use this form to send **Federal Express or United Parcel Service**. Charges will be billed by Mail Services to the MAIN BILLING or SUB-ACCOUNT number specified below. Cutoff time is 4:00 p.m. **Use street address only, P.O. Box numbers are not acceptable by the carriers.**

Approved for Shipping _____

Department Name _____

Main Billing or Sub-Account Number _____ **Date** _____

Campus Mail Stop Number _____ **Telephone** _____

DELIVERY INFORMATION:

Name _____ **Telephone** _____

Company Name _____

Street Address (P.O. Boxes are not acceptable) _____

City _____ **State** _____ **Zip** _____

DELIVERY REQUIREMENTS:

- Next Day A.M. (Before 10:30 A.M.)
- Next Day (Before 3:00 P.M.)
- Saturday Delivery (Additional \$10.00 Charge)
- 2nd Day
- Routine Delivery (UPS)
- Bill Recipient Number
- US Express Mail
- US Priority Mail

Forward white and yellow copies to Mail Services, retain pick for your records

Invoice # _____