

Personal (check one)
 Business

PACKAGE SHIPPING FORM

Ship Date _____
Sender _____
Phone# _____
CM# _____

Fund _____ Org _____ Acct _____

PAYMENT (select one)

Bill Shipper
 Bill 3rd party FedEx Acct# _____
 Bill recipient's FedEx Acct# _____

To _____
Company _____
Address _____

City/State/Zip _____

Phone _____

USPS SERVICES (select one)

Priority (2-3 Days)
 Express (1-2 Days)
 Package Services (All Classes)

FEDEX SERVICES

Priority Overnight (Del next bus morning)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Standard Overnight (Del next bus afternoon)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

FedEx 2-Day (Del by 2 nd bus day)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

Express Saver (Del by 3 rd bus day)
<input type="checkbox"/> Letter
<input type="checkbox"/> Pak
<input type="checkbox"/> Box
<input type="checkbox"/> other packaging

FedEx Delivery and Special Charges

(\$12.50 Charge)

Saturday
 Holiday Delivery

INSURANCE

First \$100.00 Covered

_____ Declared Value (\$.60 PER \$100.00 of (Insurance)
(\$1.80 minimum)

Ground (Del 1 to 6 Bus Days)
<input type="checkbox"/> other packaging

Processed by: _____ Date: _____

12/10/09