

PACKAGE SHIPPING FORM

(DOMESTIC ONLY)

Ship Date _____

Sender _____

Your Phone # _____

CM # _____

Fund _____ Org _____ Acct _____

Address Type: ___ Business ___ Residential

To _____

Company _____

Address _____

City/State/Zip _____

Recipient's Phone # _____

PAYMENT

___ Personal ___ Business

___ Bill Shipper

___ Bill 3rd party FedEx Acct# _____

___ Bill recipient's FedEx Acct# _____

U. S. POSTAL PACKAGE SERVICES

___ Priority (2-3 Days)

___ Express (1-2 Days)

___ Packages Services (All classes)

FEDEX PACKAGE SERVICES

Priority Overnight (Del next bus a.m.)

___ Letter

___ Pak

___ Box

___ other
packaging

Standard Overnight (Del next bus p.m.)

___ Letter

___ Pak

___ Box

___ other
packaging

FedEx 2-Day (Del by 2nd bus day)

___ Letter

___ Pak

___ Box

___ other packaging

Express Saver (Del by 3rd bus day)

___ Letter

___ Pak

___ Box

___ other packaging

Ground (Del 1 to 6 Bus days)

___ other packaging

FedEx Delivery & Special Charges

___ (\$12.50 Charge)

___ Saturday Delivery

___ Holiday Delivery

Insurance (First \$100 Covered)

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

Processed by: _____ Date: _____

Rev 8/10/11