

Shipping Request Form

All outbound packages are shipped via FedEx. A pickup request and shipping label will be processed upon receipt of this request. Please submit this request form to the Purchasing Department by 10:00 am for same day pick-up. Otherwise, we cannot guarantee that the package will be picked up.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Person Requesting Shipment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department or Alternate Funding Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of shipment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Ground*** *–* 1 to 5 days based on distance to destination (most boxes are shipped ground) |  | ***Standard Overnight*** – delivery by next business day in the afternoon by 4:30 |
|  | ***First Overnight*** – delivery first thing the next business day, by as early as 8:00 a.m.  |  | ***Priority Overnight*** – delivery the next business day, by 10:30 am or 11:00 in rural areas.  |

**Package Type:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Box |  | Letter/Packet |

Weight (approximate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. Insurance Requested \_\_\_ Yes \_\_\_\_ No

Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please indicate value of item(s) being shipped.

**Delivery Signature Required:** \_\_\_\_ Yes \_\_\_\_ No

**Shipment Address**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FedEx will not process a shipment without a phone #**

**Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchasing Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**