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

☐ Direct Signature Required ☐ Saturday Delivery ☐ Holiday Delivery

Insurance (First $100 Covered)

☐ Insurance is Required $_____Declared Value

Processed by: _____ Date: _____

Rev 11/1/13