

FEDERAL EXPRESS PROCESSING FORM

FOR UNIVERSITY BUSINESS RELATED SHIPMENTS - ONLY

Mail Room Only: Processed by/Date _____

SENDER INFORMATION	RECIPIENT INFORMATION
DEPARTMENT NAME: _____	TO: _____
FOAPAL (FUND/ORG/PGM): _____ - _____	DAYTIME PH #: () - ext.
NUMBER OF OUTGOING: _____	COMPANY: _____
LETTER: <input type="checkbox"/> PACK: <input type="checkbox"/> BOX: <input type="checkbox"/>	ADDRESS: _____
WEIGHT: _____	DEPT/SUITE#: _____
	CITY _____ ST _____ ZIP _____ -
	IS ADDRESS A PRIVATE RESIDENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE NOTE THAT IF A SIGNATURE IS REQUIRED, FEDEX WILL MAKE THREE (3) ATTEMPTS AT DELIVERY BEFORE RETURNING THE ARTICLE TO THE SENDER. THE TIME AND DAYS OF THE REDELIVERY ATTEMPTS ARE AT THE DISCRETION OF FEDEX.

PLEASE CONFIRM THAT THE DAYTIME TELEPHONE NUMBER OF THE RECIPIENT IS CURRENT AND VALID.

PLEASE CONFIRM THAT THE RECIPIENT ADDRESS IS A PRIVATE RESIDENCE BY CHECKING "YES" OR "NO".

FEDEX WILL NOT MAKE DELIVERY TO PO BOXES.

PLEASE VERIFY THE ACCURACY OF THIS FORM BY SIGNING AND DATING WHERE INDICATED.

ALL CHARGES WILL BE DEBITED AGAINST ACCOUNT 71575.

CHECK ONE:

- PRIORITY** BY 10:30 am NEXT BUSINESS DAY (Except Hawaii)
- STANDARD** BY 3:00 pm NEXT BUSINESS DAY (Except Hawaii)
- ECONOMY** TWO (2) DAY SERVICE
- SATURDAY** ADDITIONAL \$10.00 SURCHARGE

CHECK ALL THAT APPLY:

- SIGNATURE REQUIRED** _____
- DRY ICE -** _____ **WEIGHT:** _____
- HAZARDOUS MATERIAL** _____ **TYPE:** _____
- DECLARED VALUE OVER 100.00** _____ **DOLLAR AMOUNT:** _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE: _____ **DATE:** _____

THIS COMPLETED FORM MUST ACCOMPANY YOUR FEDEX ARTICLES BY 3:15 PM TO ENSURE SAME DAY PICKUP BY FEDEX.