



Date: \_\_\_\_\_

Order Taken By: \_\_\_\_\_

Order Processed By: \_\_\_\_\_

<b>Sender's Information</b>	Name:			
	Department:		Cost Center/Acct#:	
	Third Party Account Number:			
	Phone Number/Ext:		E-mail:	
<b>Recipient's Information</b>	Name/Company:		Attention:	
	Address:			
	Country:		Phone Number:	
Signature Requirement	<input type="checkbox"/> None	<input type="checkbox"/> Indirect Signature	<input type="checkbox"/> Direct Signature	<input type="checkbox"/> Adult Signature
Recipient Address Type	Is this a commercial or residential package?		<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
Destination Type	Is this an international package?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declared Value	If this package has a value over \$100, please declare the value:			
<b>FedEx Service Option</b>	<b>DOMESTIC</b>			
	ONE DAY	TWO DAYS	THREE DAYS	ONE TO FIVE DAYS
	<input type="checkbox"/> FedEx Express First Overnight (8:30a.m.)	<input type="checkbox"/> FedEx 2Day AM (10:30a.m.)	<input type="checkbox"/> Express Saver (4:30 p.m.)	<input type="checkbox"/> Ground
	<input type="checkbox"/> FedEx Express Priority Overnight (10:30a.m.)	<input type="checkbox"/> FedEx 2Day (4:30 pm)		
	<input type="checkbox"/> FedEx Express Standard Overnight (3p.m.)			
	<b>INTERNATIONAL (please complete page 2 in full)</b>			
ONE DAY TO THREE DAYS		FOUR TO FIVE DAYS		
<input type="checkbox"/> FedEx Express International Priority		<input type="checkbox"/> FedEx International Economy		
<input type="checkbox"/> FedEx International Priority First				
For Internal Use Only:				

Shipment Details	Detailed Description of Goods	Quantity	Weight	Value	Total Value

**Declaration Statement:**

I understand the university cannot ship weapons, medicines, alcohol, tobacco, or cash.  
 I hereby certify that the information on this form is true and correct  
 and the contents and value of this shipment is as stated above.

**Shipper:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_