FEDERAL EXPRESS SHIPPING INFORMATION SHEET

Sendor Information:

Name: _____ **Extension:** _____

Department: _____

Department charged to (if differently): _____

ACCOUNT				FUND				DEPT ID			PROGRAM		PROJECT/GRANT			
6	J	2	9													

_____ _____

Fund Name **Dept Name**

Recipient Information:

Name: _____

Company: _____

Phone Number: _____

Excat Street Address (no PO Boxes):

_____

Dept/Floor: _____

City, State, Zip: _____

Service Information: (Check One)

	Priority Overnight (Next Day by 10:30 A.M.
	Standard Overnight (Next Day by 3:00 P.M)
	Second Day Air Service
	Freight Service (For packages over 150lbs)
	Saturday Service (Added $10 service charge)
	Declared Value (if over $100 value)

Signature: _____ **Date:** _____