

UPS Shipping Request

Cost Center Fund Funct. Spend Cat. Program Activity Grant # Foundation #

Account Number: _____ .66210. _____

*Cost Center, Fund, Function- Required *Program, Activity, Grant, Foundation-If Needed

Third Party Billing Only: _____ (UPS Account Number)

Date: _____

Department Name: _____

Contact Name: _____

Contact Phone Number: _____

Additional Instructions: _____

Domestic Packages/Letters:

Please indicate one:

___ Commercial ___ Residential *No PO Boxes! *Street Address Required*

Please indicate one:

Must have the following information:

___ Next Day Name of Recipient: _____

___ Second Day Air **Address of Recipient:** _____

___ Third Day Select _____

___ Ground Service _____

___ Number in packages (same address) \$ ___ Insured Value

International Packages/Letters

Must have the following information:

**List Each Item in the box
and how much each item is worth:**

Phone number of the Recipient: _____ * _____

Name of the Recipient: _____ * _____

Address of the Recipient: _____ * _____

. _____ * _____

. _____ * _____

State Expected Delivery Date: ___ Number of Packages(Same Address)___ \$ ___ Insured Value

Shipping charges paid by: UNI ___ Recipient: ___

Custom duties & Taxes (when applicable)paid by: UNI ___ Recipient: ___