

# 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: \_\_\_\_\_