Mailing & Shipping LABEL

~ MUST ACCOMPANY YOUR ITEM(S) AND BE FILLED OUT COMPLETELY ~

Senders Name _____ Department: _____ Ext #: _____

Person dropping off, if different than Sender: _____ Ext #: _____

Billing Chartfield: *660001* _____ _____ _____ _____ _____

Account Fund Dept ID Program Class Project

Describe item(s) to be mailed / Shipped *(briefly - reason, contents, number of items. This will help in identifying what was shipped if there is a question later)*: ☐ Hazardous Material ☐ Alcohol ☐ Dry Ice ☐ Lithium Battery

☐ **Option 1: Mailing (USPS/letters, manila envelopes, etc.)**

☐ **Option 2: Shipping Freight** - For Packages up to 150 Lbs. Address required:

Vendor / Receiver's Name: _____

Name of Institution or Business: _____

Additional Info (Order #, RMA#, Etc) _____

Street Address: _____

_____

City, State, Zip: _____

Receiver's Phone #: _____

Specialty Instructions

☐ Insurance Needed: Shipment value: $_____ (If International, attach required itemized list)

☐ Request Signature upon Receipt

☐ Shipment must arrive by (date): _____

Choose requested carrier service

☐ UPS Next Day Air - **MUST be received by noon for overnight delivery.** Lithium Batteries are prohibited.

☐ UPS 2nd Day Air

☐ UPS Ground

☐ FedEx

☐ No Preference / Most economical

☐ International Shipping - **Required information:**

Receiver's email address: _____ and phone number: _____

Do you want to receive an email with the tracking number: ☐ NO ☐ YES _____

(email address)

_____ _____

Authorized Sender's Signature Date taken to Shipping & Receiving

Packages will not be sent without a signature from the person authorized to spend the funds recorded in the above chartfield.

Please keep a copy for your records. *For questions, please call the Mail Room at 707-826-3932*