



PURCHASING AND DISTRIBUTION SERVICES

SHIPPING REQUEST FORM

(International and Domestic)

By providing the following information, the department agrees to all charges for this shipment, including but not limited to: address correction fees and fuel adjustment fees.

Requester Name _____ Requester Signature _____
 Department Name _____ Date _____

Shipping Information

TO:
 (Company Name) _____
 Attention To: _____
 Street Address _____ Suite/Dept./Bldg. _____
 City _____ State/Province _____ Zip Code _____
 Country _____
 (If International Shipment) _____
 Phone Number _____ Description of Content _____

FROM:
 (Department Name) _____ Account Number/ Cost Center _____
 Department Contact _____ Phone Number _____

Is this a Residential Address? _____ Insert Return Paperwork? *(Only required if we are paying for return)* _____ Is a Signature Required? _____

Declare value if over \$100.00 for insurance. _____

If you would like an e-mail notification, please provide e-mail address _____

TYPE OF SERVICE REQUESTED

- International Shipments**
 (Up to 4 Business Days)
FedEx Only
- NEXT DAY AIR**
 (Saturday Delivery)
Add'l Service Charge Applies
- 3 DAY SELECT**
 (Third business day by 4:30pm)
FedEx Only
- GROUND**
 (Up to 5 business days depending on destination)
- NEXT DAY AIR**
 (Next Business Day by 10:30am)
FedEx and Lone Star Overnight
- NEXT DAY AIR SAVER**
 (By 3:00pm)
FedEx and Lone Star Overnight
- PO BOX**
 (PO Boxes will be sent **USPS Express Mail**)
- SECOND DAY AIR**
 (Second business day by 4:30pm)
FedEx Only