

FedEx Request Form

Account/ID# _____ Date: _____
(REQUIRED)

Recipient: *(Collect)* _____
(RECIPIENT'S ACCOUNT #)

Faculty Authorization: _____

Requestor Name: _____

SHIP TO: *(Please Print)*

NAME: _____

COMPANY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTRY: _____

TELEPHONE: _____
(REQUIRED FOR INTERNATIONAL PACKAGES)

Service: *(Check One)*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Priority Overnight
Standard Overnight
FedEx 2-day
FedEx Express Saver

<input type="checkbox"/>
<input type="checkbox"/>

International Priority
International Economy

Weight: LBS

Packaging:

Number of Packages:

Your Packaging:

Length	Width	Height	Declared Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>