FedEx Request Form

Account/ID# ____________________________  Date: _______

Recipient: (Collect ) ____________________________  (RECIPIENT’S ACCOUNT #)

Faculty Authorization: __________________________________________________________

Requestor Name: ________________________________________________________________

SHIP TO:  (Please Print)
NAME: ________________________________________________________________

COMPANY: _________________________________________________________________

STREET ADDRESS: __________________________________________________________

CITY, STATE, ZIP: ____________________________________________________________

COUNTRY: _________________________________________________________________

TELEPHONE: _________________________________________________________________

Service: (Check One)

- Priority Overnight
- Standard Overnight
- FedEx 2-day
- FedEx Express Saver
- International Priority
- International Economy

Weight: LBS __________

Packaging:

Number of Packages: __________

Your Packaging:

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7/31/02