

CF PRINTING AND POSTAL SERVICES FEDEX DOMESTIC SERVICE REQUEST

352-873-5803, ext. 1396 usps@cf.edu

Attach completed form to package and bring to the post office in Building 35. Any package(s) not accompanied by completed form will not be shipped.

Sender Information		Date: MM/DD/YY Sender's Telephone/Ext.:			
Sender's Name:					
Department Budget No.:	Department:		_	Personal Shipping	
Recipient Information					
Recipient's Name:		Telepho	ne No.: Required		
Comment					
Address Line 1: (No P.O. Boxes)					
Address Line 2:					
			e:	Zip Code:	
Is this a residential address? Yes		to authorize delivery without	obtaining a signat	ture? Yes No	
Domestic Package Sizes and Weig if any one side of a package exceeds				shipment exceeds 70 lbs. or	
Domestic Services: (Monday-Frida	y, with Saturday pickup	and delivery also available	e for an additio	nal charge)	
☐ FedEx Same Day® Cross Count	ry: Door to door within hours,	depending on availability. 7 days	a week; 365 days a y	ear.	
areas, depending on destination zip code. FedEx Priority Overnight®: Next p.m., Saturdays for an additional charge. FedEx Standard Overnight®: Ne FedEx 2-Day A.M.®: Delivery by 1 FedEx 2-Day®: Second-business-day FedEx Express Saver 3-Day®: Bu FedEx Ground®: 1-5 business days girth (L+2W+2H). FedEx Home Delivery®: 1-5 busin plus girth (L+2W+2H).	-business-day morning delivery xt-business-day delivery by 3 p.: 0:30 a.m. to most U.S. address v delivery by 4:30 p.m. to most usinesses by 4:30 p.m.; residences within the contiguous U.S., by	m. to most U.S. addresses; 4:30 pes; noon to rural areas. U.S. addresses; noon to rural areas as 8 p.m. in three days.	resses; noon- 5 p.m. p.m. rural areas; 8 p.r. reas; 8 p.m., residence lbs.; up to 108" in	in remote areas; noon-4:30 m., residences. ces p.m. length, 165" in length plus	
Special Handling Services:					
☐ Saturday Delivery (Available for FedEx Pr☐ Insurance:\$ l	nority Overnight and FedEx 2- Declared Value: <u></u> \$		100 unless you decla	are a higher value.)	
Packaging:					
☐ FedEx Envelope ☐ FedEx Box ☐	FedEx Pak	Other			
Total No. of Packages: T	otal Weight:	Length:			
Does this shipment contain hazardous ma	aterials? Yes No	(If yes, what kind?)			
Payment - Bill To: (check one)					
Sender (CF) Recipient (Acct. No.)		☐ Third Party (Acct. No.)		Cash/Check	
Shipper's Signature:		Printed Name			
Tracking No.:		Amount: \$			

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www.CF.edu

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Page 1