

CF PRINTING AND POSTAL SERVICES **UPS REQUEST**

usps@cf.edu

Attach completed form to package and bring to the post office in Building 34. Any package(s) not accompanied by completed form will not be shipped.

Sender Information			
Date: MM/DD/YY	Sender's Name:		Sender's Telephone/Ext.:
Department Budget No.:	Department:		Personal Shipping
Recipient Information			
•		Required Teleph	none No.:
Company Name:			
Address: (No P.O. Boxes)			
`			
City:		State:	Zip Code:
Is this a residential address? Yes	s 🔲 No		
International Address Informa	<u>tion</u>		
Country:		Country Code Required:	
Domestic Package Services (U ☐ Next Day Air Early (8 a.m.) ☐ ☐ 2 nd Day Air (EOD) ☐ 3-Day	Next Day Air (10:30 a.m.)	Next Day Air Saver (3 p.m.)	2xW+2xH) EOD =End of Day) 2nd Day Air (10:30 a.m.)
International Package Services Worldwide Express (1-3 Days, Worldwide Expedited (2-5 Day	9 a.m.) Worldwide Express	· , , —	dwide Saver (1-3 Days, EOD)
Special Handling Services ☐ Saturday Delivery (Available for ☐ Insurance: \$.	•	·	•
Packaging UPS Envelope UPS Box			O' 1
Total Packages: Total Does this shipment contain haza (If so what kind?)		No	Girth:
Payment - Bill To CF Recipient (Acct. N	Jo.)	Third Party (Acct. No.)	Cash/Check
Release Signature (IMPORTA Do you require a signature for deli			
Shipper's Signature:		Printed Name:	
Tracking No.:		Amount: \$	