



**CF PRINTING AND POSTAL SERVICES
FedEx INTERNATIONAL 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 Name: _____ Sender's Telephone/Ext.: _____

Department: _____ Department Budget No.: _____ Is this personal shipping

International Recipient Information

Recipient's Name: _____ Recipient's Telephone No.: **Required** _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ Country: _____

Country Code: **Required** _____ Postal Code: **Required** _____

Is this a residential address? Yes No

International Package Services: Up to 150 pounds, and no larger than 108" x 130" plus girth L+2xW+2xH.

FedEx International First®: 1-3 business days, to 20 countries, Monday-Friday, with Saturday delivery available in many areas for an additional charge.

FedEx International Priority®: 1-3 business days, to more than 200 countries and territories, Monday-Friday, with Saturday pickup and delivery available in many destination countries.

FedEx International Economy®: 2-5 business days, to more than 215 countries and territories, Monday-Friday, with Saturday delivery available in countries where Saturday is a regular business day.

FedEx International Ground®: Canada, 2-7 days from the U.S. to 100 percent of Canada, Monday-Friday, delivery by the end of the business day.

Special Handling Services:

Saturday Delivery (Available for FedEx International First to select Postal Codes)

Insurance: \$ _____ Declared Value: \$ _____ (The Declared Value for Carriage cannot exceed the Declared Value for Customs.)

Packaging:

FedEx Envelope FedEx Box FedEx Pak FedEx Tube Other _____

Total No. of Packages: _____ Total Weight: _____ Length: _____ Width: _____ Girth: _____

Does this shipment contain hazardous materials? Yes No (If yes, what kind?) _____

Description of Contents: _____

Payment - Bill To: (check one)

Sender (CF) Recipient (Acct. No.) _____ Third Party (Acct. No.) _____ Cash/Check

Release Signature: (IMPORTANT)

Do you want to authorize delivery without obtaining a signature? Yes No

Shipper's Signature: _____ Printed Name: _____

Tracking No.: _____ Amount: \$ _____