School of Plant Sciences FED EX SHIPMENT REQUEST FORM

To ensure same day pickup before the office closes, please submit by 2:00 pm This allows for scheduling the pickup and for the 2-hour notice required by FedEx

*DELIVERY OPTIONS			
DOMESTIC Priority Overnight (by 10:30 AM) Standard Overnight Express Saver (3-day)			NAL actional Priority actional Economy
SENDER'S INFORMATIO	<u>N</u>		
Faculty Name:	*Charge to Acct #:		
*Sender's Name:			
*Phone #:			
*E-mail Address:			
RECIPIENT'S INFORMAT	ION		
Charge to Recipient Fe	ed Ex Acct #:		(if applicable)
*Person Name:			
Company:			
Department:			
*Delivery Address: (cannot be a PO Box) City:			
Postal / Zip Code:	*State: *Country:		
*Phone #: (required)		Country	
E-mail Address:			
PACKAGE INFORMATIO	<u>N</u>		
FedEx Envelope	FedEx Pak	FedEx Box	FedEx Tube
Non-FedEx Box Dimensions: (in inches)	Length:	Width:	Height:
*Weight of Dry Ice:		*Total Package Weigh	t:
INTERNATIONAL PACKA	AGE		
*Description of Contents:			
Number of Units:		Value for Custom	ns: \$

Revised: 02/02/2022

^{*}REQUIRED INFORMATION