

UPS SHIPPING FORM

Date: / /	To _____
From _____	Company _____ (if applicable)
Signature _____	Street _____
Campus Address _____	City _____
Dept Project # _____ (if applicable)	State _____ ZIP _____ - _____
Phone (_____) _____ - _____	Phone (_____) _____ - _____

Value \$	Value \$
Package # 1	Package # 2

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