Mail Center Shipping Form

➡ **Required fields. Please print clearly.**

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SENDER INFORMATION

➡ Name: _____

➡ Email address for tracking: _____

Department & Project Number: _____

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RECIPIENT INFORMATION

Please ensure a complete and accurate mailing address is used. Bad addressing may cause undeliverable, redirected or returned parcels. Any additional expense incurred may be charged back to you or your department.

➡ Recipient Name: _____ ➡ Phone #: _____

Company: _____ Department: _____

➡ Address: _____
(PO Box addresses **MUST** be shipped by USPS)

Address Line 2: _____

➡ City: _____ ➡ State: _____ ➡ Zip Code: _____

Country: _____

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➡ **SELECT SHIPPING SERVICE** **Amount Paid**: _____

- ❑ Standard (2–5 day)
- ❑ 2-Day
- ❑ Overnight
- ❑ International (see below)
- ❑ Other

Special Options (additional costs will vary)**:**

- ❑ Signature Required
- ❑ Certified ❑ Return Receipt
- ❑ Insured: Amount: $_____

INTERNATIONAL SHIPMENTS: List each item being shipped with the quantity, value & approximate weight

Description of Item	Quantity	Value	Weight