



Physical Education Complex
(Room 179)
Phone: 410-951-3750
Fax: 410-951-6387

SHIPPING FORM

ADMIN. FACULTY STAFF STUDENT OTHER

Date:	Requester:
Recipient's / Company Name:	
Recipient's / Company Address: _____	
City: _____	State: _____ Zip: _____
Country: _____	Contact Phone Number: _____
Sender's Name:	Department / Division:
This area is required for Department / Division Shipping	Workday / Charge Number:

SHIPPING SERVICE TYPE **No Preference**

DHL	DHL (INTERNATIONAL MAIL ONLY) Next Day <input type="checkbox"/> Priority Next Day <input type="checkbox"/>
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USPS	Express <input type="checkbox"/> Priority <input type="checkbox"/> Certified <input type="checkbox"/> Parcel Post <input type="checkbox"/> Registered <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Media Mail / Book Rate <input type="checkbox"/> First Class Parcel / Flat <input type="checkbox"/> International <input type="checkbox"/>
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FED-EX	2nd Day <input type="checkbox"/> Express Saver (3rd Day) <input type="checkbox"/> Ground <input type="checkbox"/> International <input type="checkbox"/> Priority Overnight <input type="checkbox"/> Overnight <input type="checkbox"/>
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UPS	2nd Day <input type="checkbox"/> 3rd Day Select <input type="checkbox"/> Ground <input type="checkbox"/> International <input type="checkbox"/> Next Day <input type="checkbox"/>
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Signature (Please Sign):

Shipping Cost \$ _____

Staff Signature and Date:

Tracking Number
