

INCOMING FEDEX FORM

Form must be received in Mail Services by **3:45pm** to be processed the same day. Questions? Call 743-2021.
Find forms online at <http://www.ttuhs.edu/gs/mail/default.aspx> under, Shipping Forms.

Ship From:

Contact Name: _____

Company Name: _____

Street Address _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

(Required)

Shipping Information:

Number of Shipping Labels _____

Service: *(Not all services available from all locations.)*

- Priority Overnight
- Standard Overnight
- 2nd Day
- Express Saver *(3 day)*
- Ground **(Can't be in FedEx Box or Envelope)**

Package:

- FedEx Envelope
- FedEx Pak
- FedEx Box Small _____ Medium _____ Large _____
- FedEx Tube
- Other Packaging **Approximate dimensions:** ___ x ___ x ___

Approximate weight: _____ lbs

Shipping Label Type:

Email (Please provide email address) _____

Print

Declared Value: \$ _____

Dry Ice Weight: _____ kg/lbs *(Circle one)*

Describe Contents **(Required on all incoming FedEx)**

~~~~~

## Recipient Information:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ STOP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ TTUHSC / TTU FOP Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 

Email Address: \_\_\_\_\_