

FEDEX

Packages must be received in Mail Services by **3:45 pm** to be processed the same day. Questions? Call 743-2021

For multiple packages, call for pickup or deliver to BA351 by 3:00 pm.

Find forms online at www.ttuhs.edu/general-services/documents/FDX_FORM.pdf

Shipping Date: ___/___/20___

Number of packages: _____

RECIPIENT INFORMATION

Contact Name (Attn):

Company Name:

Street Address:

(NO PO Box Addresses, up to 35 characters ONLY)

Address 2:

City: _____ State: _____ Zip Code: _____ Country: _____

Phone number: _____ Postal Code for International Shipments: _____

Required on all Shipments

SERVICE DESIRED (Check One):

FedEx:

- ___ Priority Overnight (10:30 am)
- ___ Standard Overnight (3:00 pm)
- ___ 2 Day
- ___ Express Saver (3 day)
- ___ Ground (Cannot be in FedEx packaging)

- ___ *International First (1-2 days. Not available to all countries)
- ___ *International Priority (1-3 days)
- ___ *International Economy (2-5 days)

***One original and three copies of a Customs Form or Commercial Invoice are required for all non-documents packages.**

Residential Address?

Yes ___ No ___

Pre-paid Return Shipping Label?

Yes ___ No ___ (Return phone number required, Not available for int'l shipments)

Saturday delivery?

Yes ___ No ___ (Not available to all destinations, see clerk for confirmation)

Direct Signature Required?

Yes ___ No ___ (Phone number of recipient required)

Dry ice?

Yes ___ No ___ **Dry ice weight:** _____ lbs

Hazardous materials?

Yes ___ No ___ (If yes, contact Safety Services at 743-2597 before shipping. Hazmat training must be verified)

Declared Value: \$ _____

Special Instructions/Additional Comments:

(Package Content Information Required on **ALL** international shipments)

BILLING INFORMATION

Bill to: ___ Sender

TTUHSC / TTU FOP Number: _____

___ Receiver/3rd Party

or **9-digit FedEx Number:** _____

SHIPPER INFORMATION

Name: _____

Phone number: _____ Ext _____

Department: _____

STOP: _____

Email address for Delivery Notification: _____