

FEDEX

Packages must be received in Mail Services by **3:00pm** to be processed the same day. For large quantities, the earlier the better. Call Receiving/Mail at 743-2092 to schedule a pickup. Questions? Call 743-2021.

Find shipping forms online at <https://www.ttuhsu.edu/general-services/receiving/forms.aspx>

Shipping Date: ___/___/20___

Number of packages: _____

Recipient Information

Contact Name (Attn.): _____

Company Name: _____

Street Address _____

(NO PO Box Addresses)

Address 2: _____

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

Phone number: _____ Postal Code for International Shipments: _____

Required on all Shipments

Domestic Service Desired (Check One):

- ☐ First Overnight (8:30am) (Rates 2-3x higher than other overnight services)
☐ Priority Overnight (10:30am) If shipping Overnight on Friday, do you need Saturday delivery?
☐ Standard Overnight (3:00pm) ☐ Yes, extra charges apply. *Not available to all destinations.*
☐ 2 Day
☐ Express Saver (3 day)
☐ Ground/Home Delivery **Cannot be in FedEx packaging** (1-7 days)

International Service Desired (Check One)

- ☐ *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 Commercial Invoice are required for all non-documents packages.

Residential Address? Yes ☐ No ☐

Pre-paid Return Shipping Label? Yes ☐ No ☐

Direct Signature Required? Yes ☐ No ☐

Dry ice? Yes ☐ No ☐

Hazardous materials? Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

(Return phone number required, Not available for international)

(Phone number of recipient required)

Dry ice weight: _____ lbs.

HazMat trained individual responsible for packing box:

Name _____ Phone _____

Declared Value: \$ _____

Safety Services 743-2597- HazMat training must be verified.

Billing Information

Bill to: _____ Sender's FOP Number: _____

OR _____ Receiver/3rd Party 9-digit FedEx Number: _____

Shipper Information

Name: _____

Phone number: _____ Ext _____

Department: _____

STOP: _____

Email address for Delivery Notification: _____

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