Campus Delivery
Shipment Authorization Form
(Please type or print clearly)

DATE: ____________________________ RECIPIENT TELEPHONE: ____________________________

SHIP TO: (P.O. BOX NUMBERS ARE NOT ACCEPTABLE)

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
ZIP: __________________

Please check one: □ Commercial Address  □ Residential Address

METHOD OF SHIPMENT: (check one)

□ UPS Ground          □ DHL International
□ UPS Next Day Air    □ Charge Receiver
□ UPS 2nd Day Air     □ Delivery Confirmation
□ UPS 3-day Select    □ Comments: __________________
□ FedEx Ground
□ FedEx Priority Overnight (by 8am)
□ FedEx Standard Overnight
□ FedEx 2nd Day Air
□ FedEx 3-day Express Saver
□ Common Carrier
□ Air Freight

NUMBER OF PACKAGES: __________ DECLARED VALUE: (each package) __________

NOMENCLATURE/CONTENTS:

RETURN AUTHORIZATION #:

DEPARTMENT: ____________________________ DEPT. PHONE: ____________________________

PURPOSE CODE/ACCOUNT CODE:

AUTHORIZED SIGNATURE:

(Must be signed by Account Administrator or Department Head)

UDC 9070205 9/13