

**UPS / FedEx
Shipping Form**

CHARTSTRING					
Dept (5)	Fund (5)	Prog (5)	Site (6)	Project (8)	Act
					101

Sender's Name _____ Sender's Phone # _____
 Ship To _____ 2nd Party Acct # _____
 Attn _____ Department _____
 RMA or RA # _____ Date _____
 Address _____ Insurance _____
 _____ Personal _____
 _____ Commercial ___ Residential ___
 Zip Code _____ Recipient's Phone # (req'd) _____
 Sender's Email (req'd) _____ Recipient's Email (req'd) _____

Domestic **UPS** **International**
1-800-742-5877 **1-800-782-7892**

Domestic **FedEx** **International**
1-800-463-3339 **1-800-247-4747**

Next Day Air - 10:30AM ___
 Next Day Air Saver ___ Worldwide Express Plus ___ Priority Overnight - 10:30AM ___
 2nd Day Air - 10:30AM ___ Worldwide Expedited ___ Standard Overnight ___ International First ___
 2nd Day Air Saver ___ Worldwide Express ___ 2nd Day Air Saver ___ International Priority ___
 3 Day Select ___ Worldwide Saver ___ Express Saver ___ International Economy ___
 Ground ___ Ground (Canada only) ___ Ground ___ Ground (Canada only) ___

Weight _____ Length _____ Width _____ Height _____ Box ___ Letter ___ Tube ___ Other Packaging ___

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