



UPS Shipping Form

PLEASE PRINT

DATE: _____ **ACCOUNT #:** _____
 (MUST BE FILLED IN)

NAME: _____

DEPARTMENT: _____ **PHONE #:** _____

IF FOR RESEARCH PURPOSES, PLEASE FILL IN BELOW

ACCOUNT HOLDER:
 (MUST BE FILLED IN)

AUTHORIZED SIGNATURE:
 (MUST BE FILLED IN)

JUSTIFICATION/DESCRIPTION:
 (REQUIRED)

RECEIVER (TO): _____

NAME/ATT: _____

COMPANY: _____

ADDRESS: _____
 (MUST HAVE STREET # AS UPS CANNOT DELIVER TO P.O. BOXES)

CITY: _____

PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

PHONE#: _____
 (MANDATORY PER UPS GUIDELINES)

BILL TO RECEIVER COURIER ACCT#: _____
 (COLLECT SHIPMENTS ONLY)

VALUE OF PACKAGE \$ _____ **DANGEROUS GOODS** Y / N

SERVICE: AIR GROUND

FOR INTERNATIONAL SHIPMENT(S) - DETAILED CONTENTS OF PACKAGE **MUST BE** LISTED BELOW OR ATTACHED. THIS IS TO **ADHERE TO CUSTOMS REGULATIONS**

FYI REGARDING HAZARDOUS/DANGEROUS GOODS: Further detail may be required regarding regulations, hazardous classifications, packaging, labeling and documentation. Dangerous Goods applications may be required for certain goods and location destinations. Services may be limited in what the University can provide. Dangerous Goods packages must be prepared in accordance with ADR regulations for ground shipments and IATA regulations for air shipments.

**COMPLETE ALL INFORMATION AND ATTACH LOOSELY TO PARCEL
(incomplete forms will result in the parcel being returned to sender)**