

FEDEX

Packages must be received in Mail Room by **3:45pm** to be processed the same day. Questions? Call 215-4400. Find forms online at www.ttuhs.edu/gs/mail/

Ship Date: ___/___/20___

Number of packages: _____

Recipient Information

Contact Name (Attn): _____

Company Name: _____

Street Address _____

(Cannot Deliver to PO Box Addresses)

Address 2: _____

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

Postal Code: _____

(International shipments only)

Phone number: _____

(Required for all international shipments)
(Required for all Direct Signature Required shipments)

Service Desired *(Check One):*

FedEx:

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

___ *International First *(1-2 day. Select European countries only.)*

___ *International Priority *(1-3 day)*

___ *International Economy *(2-5 day)*

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

Pre-paid Return Shipping Label? Yes ___ No ___ *(Not available for int'l shipments, return phone number required)*

Residential Address? Yes ___ No ___

Saturday delivery? Yes ___ No ___ *(Not available to all destinations, see clerk for confirmation)*

Direct Signature Required? Yes ___ No ___ *(Phone number required)*

Hazardous materials? Yes ___ No ___ *(If yes, contact Safety Services at 743-2597 before shipping.)*

Dry ice? Yes ___ No ___ Dry ice weight: _____ kg/lbs *(Circle one)*

Declared Value: \$ _____

Special Instructions/Additional Comments:

(Required on ALL international shipments)

Billing Information

Bill to: ___ Sender
___ Receiver/3rd Party

TTUHSC FOP Number: _____ -- -- -- --
or 9-digit FedEx Number: _____

Shipper Information

Name: _____ Phone number: _____ Ext _____ Email: _____@ttuhsc.edu
(For tracking information)

Send Receipt to *(If different than above)*

Name: _____ Department: _____ STOP: _____