BLOOMSBURG UNIVERSITY MAIL SERVICES
SHIPPING REQUEST FORM

- **NAME:** ________________________________
- **DATE:** _____________________________
- **DEPARTMENT:** __________________________
- **COST CENTER/ FUND CENTER NUMBER:** __________________________
- **EMAIL ADDRESS:** __________________________ (EMAIL ADDRESS WILL RECEIVE TRACKING INFORMATION)

- PLACE A CHECK NEXT TO THE PREFERRED SERVICE
  ___ Next day
  ___ 2nd day
  ___ 3rd day
  ___ Ground delivery
  ___ Other (please explain)

- PLACE A CHECK NEXT TO THE PREFERRED CARRIER
  ___ UPS *(preferred rates)*
  ___ FedEx
  ___ Rate shop for most economical

- Shipping To
  Name: ________________________________
  Address: ________________________________
  City/State/Zip: ________________________________
  Declared Value: ____________

**INSTRUCTIONS:**
- Attach this form to the package
- Place package in your building’s mail room with the outgoing mail
- If sending multiple or oversized packages please contact mail services prior to placing item in mail room (x4403)

Rev: 10/4/12