

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)**