



UPS SHIPMENT REQUEST

Date: _____

Sender: _____

Recipient: _____

First Name

Last Name

Phone # with area code (required): _____

Company Name: _____

Address: _____

Street (no P.O. boxes)

City

State

Country

Zip (Postal Code)

Please select one of the following two options:

* 2nd Day Air: _____

* Next Day Air (Requires budget # and name): _____

Budget # _____

Budget Name: _____

Special Instructions (e.g., special budget # or UPS Shipper Account to charge): _____

For International Shipments Only

Contents (please list all items including dollar values and quantities): _____
