

SHIPPING REQUEST FORM

For questions or problems,
please contact 4-0627

TODAY'S DATE	BUDGET NUMBER	NHMFL PROJECT NUMBER	TRACKING NUMBER

DELIVERY INFORMATION

FROM SENDER		TO RECIPIENT		CHECK BOX IF INTERNATIONAL
NAME		NAME		
		COMPANY		
DEPARTMENT		ADDRESS		
		ADDRESS		
ROOM #		CITY		
EMAIL		STATE	ZIP CODE	
PHONE		PHONE		
OTHER		COUNTRY		

SHIPPING METHOD

NON-EXPEDITED SERVICES		
<input type="checkbox"/>	FedEx Ground	<input type="checkbox"/>
<input type="checkbox"/>	UPS Ground	<input type="checkbox"/>
<input type="checkbox"/>	USPS Only option for P.O. Boxes	

EXPRESS SERVICES	
<input type="checkbox"/>	FedEx EXPRESS
<input type="checkbox"/>	INTERNATIONAL SERVICES
<input type="checkbox"/>	PRIORITY OVERNIGHT next business morning
<input type="checkbox"/>	STANDARD OVERNIGHT next business afternoon
<input type="checkbox"/>	2-DAY
<input type="checkbox"/>	3-DAY EXPRESS SAVER
<input type="checkbox"/>	SATURDAY DELIVERY
<input type="checkbox"/>	STANDARD INTERNATIONAL
<input type="checkbox"/>	EXPEDITED INTERNATIONAL
<input type="checkbox"/>	EXPRESS INTERNATIONAL
<input type="checkbox"/>	UNITED STATES POSTAL SERVICE EXPRESS
<input type="checkbox"/>	USPS EXPRESS MAIL only option for P.O. Boxes

****Please note: If this is an international shipment, you must include a detailed description of what is being shipped for Customs purposes in the Special Instructions box****

ADDITIONAL INFORMATION	
<input type="checkbox"/>	ESTIMATED VALUE (If over \$100)
<input type="checkbox"/>	DANGEROUS GOOD? (Explain below)

SPECIAL INSTRUCTIONS optional