

OVERNIGHT EXPRESS AIRBILL INFORMATION FORM

U.P.S. ONLY

Please fill out form, attach to package and deposit into overnight express drop by 2:30 p.m. After 2:30 p.m. take to Shipping/Receiving by 3:30 p.m. for processing, then to the appropriate off-campus deposit site.

SENDER'S INFORMATION (Print or Type)

Sender's Name: _____ Dept.: _____
Extension (required): _____ PO# (if applicable): _____
Date: _____

RECIPIENT'S INFORMATION (Print or Type)

Recipient's Name: _____ Phone: _____
Company: _____ Dept.: _____
Exact Street Address:
(No P.O. Boxes) _____
City _____ State: _____ Zip (required): _____

BILLING INFORMATION

(Check One)

PS Account

PS Fund

PS DeptID

Bill Sender _____

Bill Recipient/Recipient's Account# _____

(Airbill must be attached to item)

Bill 3rd Party/3rd Party's Account# _____

TYPE OF SERVICE

Priority - Next Business Day by 10:30 a.m. _____

Standard - Next Business Day by 3:00 p.m. _____

International Shipment (Value & Description needed for Customs)

Saturday Delivery (Additional Charge) _____

Insured (Declare Value over \$100.00) _____

Signature Required (Additional Charge) _____