

INSTAAR FedEx Shipment Form

Domestic

Date: _____



Please fill out and **return to Anne in SEEC room N202**, at which point she will print package labels to be attached to your shipment.

IMPORTANT: JUSTIFY SHIPMENT (i.e. testing of samples from CZO lab)

Recipient Information:

Company/Organization (optional):	Contact Name:
Address:	
City, State, ZIP:	
Contact Phone:	Contact E-mail (optional):

Is this a residence?: Yes No

Notify contact about ship delivery (if e-mail given)

Shipping Method & DATE when package needs to arrive at destination:

- | | | |
|---|---|---|
| <input type="checkbox"/> First Overnight (By 8am, certain destinations) | <input type="checkbox"/> Priority Overnight (Next business morning) | <input type="checkbox"/> Standard Overnight (Next business afternoon) |
| <input type="checkbox"/> 2Day (Second business day) | <input type="checkbox"/> Express Saver (Third business day) | <input type="checkbox"/> Ground (1-5 business days in lower 48) |

Shipment:

- FedEx Envelope FedEx Pak FedEx Box FedEx Tube

Weight (exact or best guess):
Package Dimensions (if not using FedEx shipping supplies), L x W x H inches:
Declared value (if over \$100):

- Saturday delivery (add'l \$) Return Label to INSTAAR: Printed E-mail sender Indirect signature (add'l \$)

Sender:

Sender name:	Payment type (speedtype or FedEx account):
Sender E-mail (optional, for delivery confirmation):	
Additional e-mails for notification (optional):	

Account Tech. _____ PI _____

Justification _____

FedEx# _____