



Campus Delivery Shipment Authorization Form

(Please type or print clearly)



PLEASE DO NOT WRITE IN THIS SPACE!!

DATE:	RECIPIENT TELEPHONE:
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SHIP TO: (P.O. BOX NUMBERS ARE NOT ACCEPTABLE)

_____ ZIP: _____

Please check one: Commercial Address Residential Address

METHOD OF SHIPMENT: (check one)

<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Collect
<input type="checkbox"/> UPS Next Day Air	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> UPS 2nd Day Air	<input type="checkbox"/> Delivery Confirmation
<input type="checkbox"/> UPS 3-day Select	<input type="checkbox"/> Comments: _____
<input type="checkbox"/> FedEx Ground	_____
<input type="checkbox"/> FedEx Priority Overnight (by 8am)	_____
<input type="checkbox"/> FedEx Standard Overnight	_____
<input type="checkbox"/> FedEx 2nd Day Air	_____
<input type="checkbox"/> FedEx 3-day Express Saver	_____
<input type="checkbox"/> Common Carrier	_____
<input type="checkbox"/> Air Freight	_____

NUMBER OF PACKAGES:	DECLARED VALUE: (each package)
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NOMENCLATURE/CONTENTS:

RETURN AUTHORIZATION #:

DEPARTMENT:	DEPT. PHONE:
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ACCOUNT CODE/PURPOSE CODE:

AUTHORIZED SIGNATURE:

(Must be signed by Account Administrator or Department Head)