



Physical Education Complex  
(Room 179)  
Phone: 410-951-3750  
Fax: 410-951-6387

# SHIPPING FORM

ADMIN.     FACULTY     STAFF     STUDENT     OTHER

Date:	Requester:
Recipient's / Company Name:	
Recipient's / Company Address: _____	
City: _____	State: _____ Zip: _____
Country: _____	Contact Phone Number: _____
Sender's Name:	Department / Division:
This area is required for Department / Division Shipping	PeopleSoft / Charge Number:

**SHIPPING SERVICE TYPE**                       **No Preference**

DHL	DHL (INTERNATIONAL MAIL ONLY)
Next Day <input type="checkbox"/>	Priority Next Day <input type="checkbox"/>

USPS	Express <input type="checkbox"/>	Priority <input type="checkbox"/>	Certified <input type="checkbox"/>	Parcel Post <input type="checkbox"/>
Registered <input type="checkbox"/>	Delivery Confirmation <input type="checkbox"/>	Return Receipt <input type="checkbox"/>		
Signature Confirmation <input type="checkbox"/>	Media Mail / Book Rate <input type="checkbox"/>	First Class Parcel / Flat <input type="checkbox"/>	International <input type="checkbox"/>	

FED-EX	2nd Day <input type="checkbox"/>	Express Saver (3rd Day) <input type="checkbox"/>	Ground <input type="checkbox"/>
International <input type="checkbox"/>	Priority Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	

UPS	2nd Day <input type="checkbox"/>	3rd Day Select <input type="checkbox"/>	Ground <input type="checkbox"/>
International <input type="checkbox"/>	Next Day <input type="checkbox"/>		

**Signature (Please Sign):**  
\_\_\_\_\_

**Shipping Cost \$** \_\_\_\_\_

**Staff Signature and Date:**  
\_\_\_\_\_

**Tracking Number**  
\_\_\_\_\_