U.P.S. AIRBILL INFORMATION FORM

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; deadline for processing is 3:30 p.m.   Packages received after 3:30 p.m. will be processed the next business day.

SENDER'S INFORMATION

Sender's Name: _____ Dept: _____

Extension (Required): _____ PO# (If Applicable): _____

Date: _____

RECIPIENT'S INFORMATION

Recipient's Name: _____ *Phone:_____

Company: _____ Dept: _____

Exact Street Address: *(NO P.O. BOXES)*

_____

City:_____ State: _____ Zip (Required): _____

* Phone number required for all International shipments.

BILLING INFORMATION
(Check One)

7   ¨)   ⌀· ·········°   **Program/Project/Class**

☐   Bill Sender: _____

☐   Bill Recipient/Recipient's Account #: _____

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

TYPE OF SERVICE

☐   **Priority** – Next Business Day by 10:30 a.m.

☐   **Standard** – Next Business Day by 4:30 p.m.

☐   **Ground**

☐   **International Shipment** (Value & Description needed for Customs):

   Value: $_____   Description:_____

☐   **Saturday Delivery** (Additional Charge)

☐   **Insured** (Declare Value over $100.00)   Value $_____

☐   **Signature Required** (Additional Charge)