



Department of Mechanical and Aerospace Engineering

FEDEX Form

From

Name: _____
 Group/PI: _____
 Account/Fund #: _____
 Address: _____
 City, State & Zip: _____
 Country: _____
 Telephone: _____
 Email: _____
 Signature: _____

To

Name: _____
 Company: _____
 Address: _____
 City, State & Zip: _____
 Country: _____
 Residential: Y N
 Telephone: _____
 Email: _____

Shipment Details

Description: _____
 Ship Date: _____
 Weight: _____
 Declared Value: \$ _____
 Ship from Campus: Y N (Will drop package off myself)
 Packaging: Your Packaging FEDEX Envelope
 FEDEX Box FEDEX Pack
 Dimension: L W H (Inches)
 Service Type: First Overnight Ground
 Priority Overnight First Overnight Freight
 Standard Overnight 1 Day Freight
 2 Day AM 2 Day Freight
 2 Day 3 Day Freight
 Express Saver

International shipments may require additional information/documentation. Please visit the following address to ensure your shipment complies with guidelines:
<http://www.fedex.com/us/international/shipping-documents>