

Ohio University Mail Services

SHIPPING ORDER

Use this form for all outgoing Packages and Parcels

Print and attach this form to each package when complete

DATE _____

ORIGINATOR:

DESTINATION:

Name

Attention Line/Contact/Division

Department

Company Name - University or Institution

Building

Delivery Address (All P.O. Boxes go USPS)

Telephone Number

Additional Address Information

Account Number

City, State, Zip Code

Country

Signature

Telephone (Required)

TYPE OF SERVICE REQUESTED

TRANSIT TYPE

NEXT DAY (EXPRESS)

10am Delivery. (Drastically Increases Cost)

2nd DAY

3rd DAY

GROUND (3-10 days)

INTERNATIONAL EXPRESS (2-3 DAYS)

*Contents _____

INTERNATIONAL STANDARD (7-8 DAYS)

*Contents _____

*International travel time can be effected by customs and recipients location

CARRIER OF CHOICE:

UPS

U.S. POSTAL SERVICE

FEDERAL EXPRESS

INSURANCE AMOUNT: _____

PACKAGE VALUE: _____

* PLEASE SUBMIT EMAIL ADDRESS FOR CONFIRMATION _____