

# *University of Arkansas at Monticello*

## *Request for Federal Express Service*

### **TO BE COMPLETED BY UNIT/DEPARTMENT:**

**Ship To:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_  Commercial Address  Residential Address  
(Please Check)

Contents: \_\_\_\_\_

No. of Packages: \_\_\_\_\_ Value of Contents: \_\_\_\_\_

**Type of Service Requested:**

Standard Overnight  Priority Overnight (Delivery by 10:30 A.M.)

**Type of Packaging:**

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tub

Your Packaging (dimensions) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Charge to:**

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

E-Mail Address (for delivery confirmation) : \_\_\_\_\_  
(Not Required)

Unit / Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **TO BE COMPLETED BY BOOKSTORE PERSONNEL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Bookstore Personnel Receiving Package)