

KU ATHLETICS

SHIPMENT REQUEST FORM

PLEASE CIRCLE ONE **UPS, FEDEX, USPS**

Fill out this form in its entirety. Attach to package/documents and return to mail services.

1: Sender Information			3: Shipping Information		
Department	Sender		Deliver By <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F		
Date	Phone	Email	Service Type <input type="checkbox"/> 8:00 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> End of Day		
<input type="checkbox"/> PERSONAL		<i>*Payment is due at the time of shipment</i>			
2: Receiver Information			4: Special Instructions		
Ship To/ Attention			Bill 3rd Party <input type="checkbox"/> UPS Acct. _____ <input type="checkbox"/> FedEx # _____		
Company			Value-Added Services <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Return Label (to Athletics)		
Street Address			<input type="checkbox"/> Insurance \$ _____ <input type="checkbox"/> Delivery Confirmation		
City	State	Zip	Other:		
COUNTRY (if not US)			<i>Packages will be sent the most economical way based on the delivery time and date indicated.</i>		
Phone (required for A.M., Sat., & Int'l deliveries)					

5: Customs Information				
Detailed Description of Contents	Qty	Net Weight	Value (US \$)	Insured Amount (US \$)
.....	lb. oz.
.....	lb. oz.
.....	lb. oz.
.....	lb. oz.

Mail Services Use Only					
Date Rec'd	Prepared By	Carrier	Service	Tracking Number	Notes: