

BMPN  Shipment Request Form

Date: _____

Sender Information:

Name (PI's Name & Sender's Name if different): _____

Phone Number: _____ Email Address: _____

Send me a shipment/delivery notification email.

Recipient Information:

Contact name: _____

Company: _____

Street Address: _____

City, State, Zip, Country: _____

Phone Number: _____ Email Address: _____

Send recipient a shipment/delivery notification email.

Include a Return Label.

Package & Shipment Details:

Service Type:

Priority Overnight (10:30 AM)

Standard Overnight (3:00 PM)

FedEx 2-Day

FedEx Ground

Package Type:

FedEx Envelope

FedEx Pak

FedEx Box

FedEx Tube

Your Packaging

Package Total Weight (shipping/receiving room personnel will weigh) : _____ **lbs**

Special Services:

Dry Ice (dry ice weight: _____ **lbs**)

Dangerous Goods

Lithium Batteries/Cells

Billing Details (FAU):

Activity: _____ Fund: _____ Function: _____ Cost Center: _____ Project Code: _____