

BMPN FedEx 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 - Predicted return weight: _____

Package & Shipment Details:

Service Type:

Priority Overnight (10:30 AM)

Standard Overnight (3:00 PM)

FedEx 2-Day (Same day ship)

FedEx Ground (Next day to ship)

International Priority**

International Economy**

Package Type:

FedEx Envelope FedEx Pak FedEx Box FedEx Tube Your Packaging

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

Dry Ice (dry ice weight: _____ **lbs**) Dangerous Goods Lithium Batteries/Cells

Billing Details (FAU):

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

Otherwise bill recipient or 3rd party - Their FedEx account no. : _____