INSTAAR FedEx Shipment Form
Domestic   **Date:** _____

FedEx.

Please fill out and **return to Anne in SEEC room N202**, at which point she will print package labels to be attached to your shipment.

IMPORTANT: JUSTIFY SHIPMENT (i.e. testing of samples from CZO lab)
Recipient Information:

Company/Organization (optional):	Contact Name:
Address:	
City, State, ZIP:	
Contact Phone:	Contact E-mail (optional):

Is this a residence?: ☐ Yes   ☐ No   Notify contact about ☐ ship   ☐ delivery   (if e-mail given)

Shipping Method & DATE when package needs to arrive at destination:

☐ First Overnight (By 8am, certain destinations)   ☐ Priority Overnight (Next business morning)   ☐ Standard Overnight (Next business afternoon)

☐ 2Day (Second business day)   ☐ Express Saver (Third business day)   ☐ Ground (1-5 business days in lower 48)

Shipment:

☐ FedEx Envelope   ☐ FedEx Pak   ☐ FedEx Box   ☐ FedEx Tube

Weight (exact or best guess):
Package Dimensions (if not using FedEx shipping supplies) , L x W x H inches):
Declared value (if over $100):

☐ Saturday delivery (add'l $)

Return Label to INSTAAR:
☐Printed   ☐E-mail sender

☐ Indirect signature (add'l $)

Sender:

Sender name:	Payment type (speedtype or FedEx account):
Sender E-mail (optional, for delivery confirmation):	
Additional e-mails for notification (optional):	

Account Tech._____   **PI**_____

Justification_____

                                        FedEx#_____