

### Business Services UPS Shipping Requisition Form

Ship To:		Shipper Name:	
Address:		Dept. / CB / R #:	
Address:		Phone:	
City, State, Zip:		Date:	

**Shipping Method (Check one):**

<input type="checkbox"/> UPS Ground (5-7 Workdays)	<input type="checkbox"/> UPS Overnight AM <input type="checkbox"/> UPS Overnight PM	<input type="checkbox"/> UPS 2 <sup>nd</sup> Day	<input type="checkbox"/> UPS International
<input type="checkbox"/> Insurance Required	<input type="checkbox"/> Signature Required	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential

**Payment / Shipping Information:**

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		Dept Acct #		Parcel #		Weight		Cost	
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"By my signature below I authorize all relevant charges incurred by this shipment to be charged to the above accounts. Any additional charges incurred due to incorrect addressing on undeliverable packages will be charged to the personal or department accounts. I certify that this shipment does not contain any unauthorized explosives, destructive devices or hazardous material. Duties and taxes will be billed to the recipient unless other arrangements are made prior to shipment. I consent to a search of this shipment. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file until the shipment is delivered."

Approving Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

<b>Business Services Use Only:</b>			
Date Entered / Initials:		Tracking #:	
		Business Services (WC)	Shipper (YC)

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