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department of pharmacology

FedEx Request (please complete by 3:00pm)

Requester Name:

Requester Email Address:

Sender Name:

Sender Email Address:

Sender Phone Number:

Sender Address: check here if residence.

Recipient Name:

Recipient Company:

Recipient Phone Number:

Recipient Address: check here if residence.

Type of Shipment:

- Domestic
- International (Documents or Letters)
- International (Materials or Equipment)
- Return Shipment

FedEx Express Services

- Priority Overnight (Next business morning)
- Standard Overnight (Next business afternoon)
- 2-day (Second business day)
- First Overnight (Earliest next business morning*)
- Express Saver (Third business day)
- International Priority
- HOLD at FedEx Location
- Saturday Delivery**

* - to select locations.
** - extra charge, Priority Overnight and 2-day only

FedEx Freight Services

for shipments over 150 lbs.
Call 1-800-463-3339 for
delivery schedule.

Packaging:

- Overnight Freight (Next business day)
- 2-day Freight (Second business day)
- Express Saver Freight (Up to 3 business days)
- FedEx Envelope
- FedEx Pak
- FedEx Box
- FedEx Tube
- Other Packaging

Enter Weight for
FedEx Pak, FedEx Box,
FedEx Tube or Other Packaging

lbs.

Dimensions:

Special Handling:

- This shipment contains lbs of dry ice.
- This shipment contains dangerous goods
- Cargo aircraft only
- The package is shipping internationally:

Units:

Description of goods:

Payment:

- Bill to Sender (Specify speedtype below)
- Bill to Recipient (Specify FedEx Account Number or speedtype below)
- Bill to Third Party (Specify FedEx Account Number below)

Account number/speedtype:

Package is Ready:

- Yes
- No

If No, Package Will Be Ready At This Time:

Please indicate pickup room, or if you will be dropping off at FedEx location.

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