ECE

UPS REQUEST FORM

Recipient Information	Name: *first*_____ *last*_____
	Street Address:*(cannot deliver to P.O. Boxes)*
	_____
	_____
	_____
	City:_____ State:_____ Zip _____
	Country:_____ Postal Code_____
	Phone: _____-_____
	(include area code or country code):
Delivery Method:	**Please Check One:** ____Next Day AM ____2nd Day AM ____2nd Day PM
Package Type:	**Please Check One:** ____ Letter ____ Pak ____Box
Billing Information:	**Please Check One** *(UPS or Internal Billing Acct. Number Required:*
	All proposal submissions are charged to the department
	____Charge Sender ____Charge Recipient
	Acct # _____ Acct #_____
Document Value: $_____	Description of package contents: _____
	_____
	_____
Sender's Approval:	Sender's Signature_____
	Date_____ Time_____