

Federal Express Shipping Form

Ferris State University

FSU Reference #: _____

Recipient Information:

Contact Name: _____ Company Name: _____

Address: _____ Apt./Suite # _____

NOTE: PO Boxes CANNOT be used for FedEx – if a PO Box is listed it will be shipped USPS

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number:(____) _____ - _____ ext# _____

YOUR CHOICE OF THE FOLLOWING OPTIONS INSURES CORRECT METHOD OF SHIPMENT AND FREIGHT CHARGES:

Service Type:

- FedEx First Overnight by 8:00 am (costly)
- FedEx Priority Overnight by Noon
- FedEx Standard Overnight by 5:00 pm
- FedEx 2nd Day
- FedEx Ground Service
- FedEx Express Saver
- Saturday
- International Priority
- International Economy
- Other _____

Shipping Charges:

Ferris to Pay
INDEX#: _____
(NOT FOAP#)

Vendor to Pay
FedEx Shipping #: _____

Sender Information:

Name: _____ Phone #:(____) _____ - _____ ext # _____

Department: _____ Date: _____

Email Address: _____

Quantity	Description	Declared Amount

NOTE: International mail must have a detailed description and a declared amount.

-----SHIPPING RECEIPT-----

FERRIS STATE UNIVERSITY MAIL CENTER/RECEIVING (231) 591-2161

FORM MUST BE COMPLETE