

**Ferris State University**  
**Federal Express Shipping Form**

**FSU Reference #:** \_\_\_\_\_

**Recipient Information:**

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. and/or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext # \_\_\_\_\_

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

**Service Type:**

- FedEx First Overnight
- FedEx Priority Overnight
- FedEx Standard Overnight
- FedEx 2<sup>nd</sup> Day
- FedEx Ground Service
- FedEx Express Saver
- Saturday
- Other \_\_\_\_\_

Must be Complete

**Shipping Charges:**

- Ferris To Pay
  - o \_\_\_\_\_
  - INDEX Number
- Vendor To Pay
  - o \_\_\_\_\_
  - FedEx Shipping Number

**Sender Information:**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext # \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Quantity	Description	Declared Amount

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

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