Federal Express Shipping Form

Ferris State University		FSU Reference #:				
Recipient Information:						
Contact Name:	tact Name:Company Name:					
Address:	Apt./Suite #					
NOTE: PO Boxes CANNOT be u	ısed for FedEx – if a	PO Box is lis	ted it will be	shipped USPS		
City:	State:			Zip Code:		
Email Address:		_Phone Num	ber:()	ext#		
YOUR CHOICE OF THE FO SHIP	LLOWING OPTION			CT METHOD OF		
Service Type:		Shipping Charges:				
☐ FedEx First Overnight by ☐ FedEx Priority Overnigh ☐ FedEx Standard Overnig ☐ FedEx 2 nd Day ☐ FedEx Ground Service ☐ FedEx Express Saver ☐ Saturday ☐ International Priority ☐ International Economy ☐ Other	t by Noon ht by 4:30 pm	INDI	s to Pay EX#: (NOT FO lor to Pay Ex Shipping #			
Name:		Phone #:()ext #				
Department:		Date:				
Email Address:						
Quantity	Description		Declared A	mount		
NOTE: International mail must have a detailed description and a declared amountSHIPPING RECEIPT						

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