University of North Dakota Campus Postal Services
Departmental Shipping Form

Dept Name: __________________________   PS Chartfield #:___________________________
Box Number: ____________________       Recipients UPS or Fed Ex #:____________________
(Use only When Shipping Charges to Be Paid By Recipient)
Name:_______________________________ Date: __________________

Service: (Circle One) UPS Federal Express

Contact Person:
Company:
Street Address:
Additional Address Info:
City, State, Zip (Country If Not US)
Phone: (Required for Foreign Countries)
Type of Service: (Circle One) UPS 3rd Day Next Day Morning UPS Ground Next Day Afternoon

Additional Services: (Additional Fees Apply)
□ Insurance: $__________________
(Coverage may be denied by UPS or Fed Ex if not adequately packaged)
□ Saturday Delivery

Foreign Addresses Only Value: $__________________
Description:_________________________________________________
___________________________________________________________

Contact CPS at 7-2279 to sign-up for UPS and Fed Ex shipping on-line
Canary Copy will be returned to the department by Intra-campus Mail with Tracking Number.