



Facilities Services Shipping Form

Phone: 701-858-4130

Date: ____/____/____

PERSON MAILING PACKAGE

Name _____ Phone _____

Department Name _____

Fund # _____ Dept # _____ Project or Program # _____

RECIPIENT INFORMATION

Name _____ This is a residential address: Yes No

Company Name _____

Street Address (cannot ship to PO Boxes) _____

City/State/Zip or Postal Code _____

Country _____ Recipient Phone — **required** _____

SHIPPING DETAILS

Maximum amount to bill your department: \$ _____

FedEx UPS How fast do you want to send the package? _____

Signature required: Yes No Declared value/insurance required: Yes \$ _____ No

Shipment contains: Liquids Yes No Hazardous materials (dry ice, biological substances, etc.) Yes No

(list any hazardous materials) _____

Do you want tracking information to you and/or recipient? Yes No

Sender email _____

Recipient email _____

INTERNATIONAL SHIPMENTS ONLY

Content description — **required** —please be specific: _____

SHIPPING OFFICE USE ONLY

Length _____ Width _____ Height _____ Weight _____