

Shipping Label

Please **TYPE & COMPLETE ALL OF THE FIELDS** below. Print and attach this sheet to the package you are shipping. All fields must be completed in order to process your shipment. **Note, FedEx will not ship to PO Boxes, you must provide a valid street address. Call Central Receiving for pick up no later than **3:00 p.m.** for same day shipping.**

SHIP FROM INFORMATION

Department Name: Date:
ETSU Index Number:
Contact Name: Phone:

Shipping Options

Shipping Method: FedEx Priority (Overnight) FedEx 2nd Day FedEx Ground (3 to 5 Days)

IF YOU WOULD LIKE TO INSURE YOUR PACKAGE, PLEASE SPECIFY THE AMOUNT HERE: \$

For Third Party or Recipient Billing enter FedEx account number here:

SHIP TO INFORMATION

Business Address or Residential Address (Please Check One)

Company Name:
Contact Name:
Phone Number: Extension:
Address 1:
Address 2:
City State Zip
Country

If you would like to be notified by FedEx when your package ships, is delivered, tracking number, etc, please enter your e-mail address here: