

Shipping Label

Please **TYPE & COMPLETE ALL OF THE FIELDS** below. Print & attach this form to the package you are shipping. All fields must be completed in order to process your shipment.

Call Central Receiving for pick up no later than 3:00 p.m. for same day shipping.

SHIP FROM INFORMATION

Department Name Date
Contact Name Phone
Voyager GL # FedEx acct #

SHIPPING METHOD

☐ FedEx Priority (Overnight)
☐ FedEx 2nd Day
☐ FedEx Ground (3 to 5 Days)
☐ FedEx International Priority

SHIPPING OPTIONS

☐ Insure my package for \$
☐ My package contains **DRY ICE**
Dry Ice Amount LBS.

SHIP TO INFORMATION

***** Note *** FedEx WILL NOT ship to PO Boxes, you must provide a valid street address.**

This is a ☐ 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 in the space below. You may enter up to 2 email addresses.

E-mail Address 1

E-mail Address 2