



UPS SHIPPING FORM

<p>From: Postal Services University of Central Florida 3540 E. Perseus Loop Orlando, Florida 32816-3630</p> <p>Dept.: _____</p> <p>Phone #: _____ Contact: _____</p> <p>Please enter your email address to receive the tracking number for your shipment: Email: _____</p>	<p>Ship to: _____ _____ _____ _____</p> <p>Attn: _____</p> <p>Commercial Delivery Residential Delivery</p>
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BILL	VIA	INSURANCE
<input type="checkbox"/> UCF DEPARTMENT Acct. # _____ <input type="checkbox"/> 3 RD PARTY BILLING UPS Acct # _____	<input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 Day Air <input type="checkbox"/> 3 Day Select <input type="checkbox"/> UPS Ground	<p style="text-align: center;">YES NO</p> <p>AMOUNT _____</p>

QTY	DESCRIPTION (Box, Envelope, etc.)	WEIGHT	UNIT	AMOUNT

Hazardous Materials Yes No

Package Contains: _____

SHIPPERS CERTIFICATION FOR HAZARDOUS MATERIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED/LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTING ACCORDING TO APPLICABLE REGULATIONS OF THE FEDERAL DEPARTMENT OF TRANSPORTATION.

AUTHORIZED APPROVAL: _____ **DATE:** _____