



# UPS SHIPPING FORM

|   |  |
|---|--|
| <b>From:</b><br><br>Dept: _____<br>Phone #: _____ Contact: _____<br>Please enter your email address to receive the tracking number for your shipment.<br>Email: _____ | <b>Ship to:</b> _____<br>_____<br>_____<br>_____<br><b>Attn:</b> _____<br><br><input type="radio"/> Commercial Delivery <input type="radio"/> Residential Delivery |
|---|--|

| BILLING INFORMATION   | INSURANCE   |
|---|---|
| <input type="checkbox"/> UCF DEPARTMENT <input type="checkbox"/> 3rd Party Billing<br>Company: _____ Program: _____<br>Division: _____ Financial Site: _____<br>Cost Center: _____ Worktag: _____<br>Fund: _____ Worktag: _____ | <input type="radio"/> YES <input type="radio"/> NO<br>AMOUNT: _____   |
|   | VIA   |
|   | <input type="checkbox"/> UPS Ground <input type="checkbox"/> Next Day Air<br><input type="checkbox"/> 2 Day Air <input type="checkbox"/> 3 Day Select |

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

Hazardous Materials  Yes     No  
 Package Countains: \_\_\_\_\_

**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:** \_\_\_\_\_