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| --- |
| BIO5 Final Logo2Federal Express Form |
| Date:       |
| TYPE OF DELIVERY: |
| Domestic – Priority, Standard, 2nd Day, or Ground | [ ]  Priority [ ]  Standard [ ]  2nd Day |
| International – Indicate Priority or Economy | [ ]  Priority [ ]  Economy |
| [ ]  Bill UA [ ]  Bill Third PartySENDER’S INFORMATION:  |
| Faculty Name:  |       |
| Sender’s Name: |       |
| Sender’s E-Mail Address: |       |
| Sender’s Telephone Number: |       |
| Billing: UA KFS Account Number to charge: | UA-       |
| **Business Purpose - Must Be Completed** |
|       |
| RECIPIENT’S INFORMATION:[Note: Federal Express DOES NOT Deliver To PO Boxes]\*\* IF OUTSIDE PARTY USING OUR ACCOUNT, THEY **MUST** LIST YOUR KFS ACCT # IN THE REFERENCE FIELD OF THE WAYBILL ! |
| Third Party FedEx Account Number |       |
|  Reference Number (if applicable) |       |
| Recipient’s Name |       |
| Company/University |       |
| Address |       |
| City / State |       |
| Country |       |
| Zip / Postal Code |       |
| Telephone Number | (     )       -       |
| E-Mail Address |       |
| **Package Information - Must Be Completed** |
| Type of Package | [ ]  Your packaging [ ]  FedEx Envelope [ ]  FedEx Pak [ ]  FedEx Box |
| Package Contains (brief description) |       |
| Number of Units  |       |
| Total Package Weight (round up lbs.) |       lbs |
| Weight of Dry Ice (if Applicable)*(Cannot be same as total package weight)* |       lbs |
| Value of Package (required for customs if international) |       |
| Amount to Insure (if none, indicate) |       |

***Please FORWARD A COPY of this form to the BIO5 BUSINESS OFFICE for billing purposes.***