

Ferris State University
Domestic Shipping Form

Recipient Information:

Contact Name: _____ Company Name: _____

Address: _____ Apt./Suite # _____

NOTE: PO Boxes CANNOT be used for FedEx or UPS – if a PO Box is listed it will be shipped USPS

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: (____) ____ - ____ ext# _____

Shipping Charges:

Ferris to Pay
 INDEX#: _____
(NOT FOAP#)

Vendor to Pay
Shipping #: _____

YOUR CHOICE OF THE FOLLOWING OPTIONS INSURES CORRECT METHOD OF SHIPMENT AND FREIGHT CHARGES:

Lowest Cost Option

USPS

UPS

FEDEX

USPS Ground Advantage

UPS Ground

FedEx Ground

Priority

UPS Express

FedEx Express

Other _____

Other _____

Other _____

Insurance

YES

NO

Quantity	Description	Declared Amount
		\$
		\$
		\$

Sender Information:

Name: _____ Phone #: (____) ____ - ____ ext # _____

Department: _____ Date: _____

Email Address: _____

FERRIS STATE UNIVERSITY MAIL CENTER/RECEIVING (231) 591-2161

FORM MUST BE COMPLETE

-----Tracking Number-----