

Ferris State University  
**International Shipping Form**

**Recipient Information:**

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Apt./Suite # \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal 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**

- Priority Mail International
- Priority Express International
- Other \_\_\_\_\_

**UPS**

- UPS Worldwide Expedited
- UPS Worldwide Saver (Faster)
- Other \_\_\_\_\_

**FEDEX**

- FedEx International Economy
- FedEx International Priority
- FedEx International Express
- Other \_\_\_\_\_

**Insurance**      YES      NO      VALUE \$ \_\_\_\_\_

IF UNDELIVERABLE	Abandon	OR	Return to Sender
Item Description	Value		Hazardous YES or NO
	\$		
	\$		
	\$		

**Sender Information:**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext # \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**FORM MUST BE COMPLETE**

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