

FedEx Order Form

Requestor Name: _____ Date: _____
Phone: _____ E-mail: _____

Account (recharge) #: _____

Company Name: _____

Recipient Name (required): _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Country (If U.S., leave blank): _____

Phone: _____

E-mail: _____

Is this a residential address? Y N

Shipping speed: _____

Package dimension (L x W x H) _____

Do you want insurance? Y N

Weight (lbs.) _____

If yes, value of contents: \$ _____

Provide a justification for purchase:

DESCRIPTION of what is shipped; If package will be shipped internationally, provide a detailed and specific description.

PI / Advisor Printed Name: _____

Date Submitted: _____

PI / Advisor Approval signature: _____