

# 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:*

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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: \_\_\_\_\_