

UPS Shipping Instructions

Please attach this form to your package. For assistance call extension 5115.

Sending Department Abbreviation: _____

Mail Zip: _____

Date: _____

Please Bill this Shipment to: _____

Department Abbreviation: _____

Mail Zip: _____

Associated Students/Foundation Account #: _____

<p>Ship to: (Street Address Only)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>RMA#: _____</p>	<p>Ship Via UPS (Check One)</p> <p>Ground _____</p> <p>Next Day (Red Label) _____</p> <p>2nd Day (Blue Label) _____</p> <p>Call Tag Issued: Yes _____ No _____</p>
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PO # _____

PO Date: _____

Vendor : _____

CSU Barcode: _____

Reason for Return: _____

Insurance: Yes _____ No _____ Value: _____

For Shipping and Receiving Only:
