



# UPS Shipping Authorization Form

Standard service is ground. If requesting any expedited or special service, put note in "Additional Info" field below.

**UPS does not ship to PO boxes.**

## Shipper:

Department \*

Contact Name \*

Phone Number \*

Email

## Billing:

Fund \*

DeptID \*

Program/Project \*

CF1

CF2

FinEmplID

## Ship to:

Company Name

Attention

Street Address 1

Street Address 2

City

State

Zip

Additional Info (use this space to request insurance, expedited service, or include 3rd party billing information):

\* Required fields