



**UNIVERSITY OF CENTRAL FLORIDA
UPS SHIPPING FORM**

From: Postal Services
 University of Central Florida
 3540 East Perseus Loop N
 Orlando, Florida 32816-3630

Dept.: _____

Phone #: _____ Contact: _____

If requesting the tracking number, please include the following:
 Email: _____
 Fax: _____

Ship to: _____

Attn: _____

(Check One) Commercial or Residential Delivery

BILL	VIA	INSURE
<input type="checkbox"/> UCF DEPARTMENT Acct. # _____ <input type="checkbox"/> 3 RD PARTY BILLING UPS Acct # _____	<input type="checkbox"/> UPS - Ground <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 Day Air <input type="checkbox"/> 3Day Select	INSURE <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT _____

QTY	DESCRIPTION	WEIGHT	UNIT	AMOUNT

Hazardous Materials Yes No

Package Contains: _____

SHIPPER'S CERTIFICATION FOR HAZARDOUS MATERIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTING ACCORDING TO APPLICABLE REGULATIONS OF THE FEDERAL DEPARTMENT OF TRANSPORTATION.

AUTHORIZED APPROVAL: _____ **DATE:** _____