

Mail Center Shipping Form

Required fields. Please print clearly.

SENDER INFORMATION

Name: _____

Email address for tracking: _____

Department & Project Number: _____

RECIPIENT INFORMATION

Please ensure a complete and accurate mailing address is used. Bad addressing may cause undeliverable, redirected or returned parcels. Any additional expense incurred may be charged back to you or your department.

Recipient Name: _____ Phone #: _____

Company: _____ Department: _____

Address: _____

(PO Box addresses * n0(00reW* n5F2Tf1029TmGG[_____]TETQq(00reW* n5F2Tf