



FedEx Mail Request

Date: _____ Dept. Name: _____

Phone: _____ Bldg. & Rm. #: _____

Authorized Signature Charge Account Number

Recipient's Name: _____

Street Address: _____

City/State/Zip Code: _____

Next Day by 10:30 AM _____ Next Day by 3:00 PM _____

2nd Business Day _____ 3rd Business Day _____

Intl Priority 1-3 Business Days _____ Intl Economy 3-5 Days _____

Insurance _____ Amount \$ _____

Acknowledgement of Delivery _____