

UNIVERSITY OF SOUTH FLORIDA
ST. PETERSBURG
UPS SHIPPING REQUEST FORM TO BILL RECIPIENT

DATE: _____

PLEASE SHIP THIS PACKAGE: UPS

(Circle type of service requested): NEXT DAY, 2ND DAY, GROUND TRACK

Special services: _____

DEPARTMENT NAME: _____

CHARGE RECIPINTS UPS ACCT #: _____

6 DIGITS

If this is being charged to a 3rd party account you must provide the 3rd parties
Name, Address, and phone #.

NAME OF PERSON SHIPPING PACKAGE: _____

: _____

SIGNATURE

PACKAGE TO BE SHIPPED TO: _____

: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____