

SHIPPING SERVICE REQUEST FORM

- The Shipping Deadline is 2:30 PM.
- All shipments must arrive fully packaged.
- Incomplete or incorrect forms may result in delays or return shipments.
- Shipments billed to LMU may be inspected.
- FedEx and UPS will not ship to a P.O. Box or a military base.
- Do not use legacy account numbers for billing.

Service:

<p>Select Carrier</p> <p><input type="checkbox"/> FedEx <small>(Recommended)</small></p> <p><input type="checkbox"/> UPS</p> <p><input type="checkbox"/> US Postal <small>(Express Mail Only)</small></p>	<p>Select Service</p> <p><input type="checkbox"/> Next Business Day</p> <p><input type="checkbox"/> Urgent Delivery <small>Premium Surcharge</small></p> <p><input type="checkbox"/> 2-3 Business Days</p> <p><input type="checkbox"/> Ground</p>	<p>Delivery Options</p> <p><input type="checkbox"/> Saturday Delivery <small>Premium Surcharge</small></p> <p><input type="checkbox"/> Insurance(\$_____) <small>Additional Fee</small></p> <p><input type="checkbox"/> Signature Required</p>
--	--	---

Dept. Billing:

Fund Number: 11-Operations 12-Designated Funds 15-Grants ____-Other

Cost Center Name: _____
EX: UA Operations and Engagement

Cost Center Ref. ID: _____
EX: CG_51000

Program/Grant/Gift Name: _____
EX: Donor Relations and Stewardship

Program/Grant/Gift Ref. ID: _____
EX: PROG_02315

From:

First Name: _____ Last Name: _____

Department: _____

LMU Email Address: _____

Phone: _____

To:

Type(s): Residential Commercial International

Company: _____

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Country: _____

International Packages (All Fields Mandatory)

Int'l Phone: _____ Email: _____

Item Description: _____ Value: _____

QTY: _____

Sign:

Signature: _____

By signing above, I acknowledge that packages may incur unforeseen or additional charges, including, but not limited to, duties, taxes and other fares and take full responsibility for all charges.

FOR DISTRIBUTION CENTER USE ONLY

Carrier: _____ Cash Amount: _____ Ship Date: _____

Tracking Number: _____ Processor: _____