

# 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><i>Select Carrier</i></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><i>Select Service</i></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><i>Delivery Options</i></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>
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**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: CC\_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: \_\_\_\_\_