

## **SMSN FedEx Shipping Request Form**

(completed form can be emailed to [MSNOPS@asu.edu](mailto:MSNOPS@asu.edu))

**The cut off time for FedEx shipments from ISTB12 is 1:00 pm, Monday – Friday.**

The Requestor must completely fill out form to ship items using the ECEE FedEx account. If the Requestor does not completely fill out form, the package will not be shipped. The faculty listed on the account must sign by hand or electronically for this shipment to be completed.

**Requestor's Name (REQUIRED):** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**Requestor's Email (REQUIRED):** \_\_\_\_\_

### **SHIP TO:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (**REQUIRED**): \_\_ (     ) \_\_\_\_\_

### **SHIP FROM:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (**REQUIRED**): \_\_\_\_\_

### **PACKAGE INFO:**

**Size:(inch HxLxW)** \_\_\_\_\_ **Weight:lb)** \_\_\_\_\_

Shipment Method (**Must select 1 method from below**): *\*Express Saver may not be available in certain zip codes.*

\_\_\_\_\_ Priority Overnight    \_\_\_\_\_ Standard Overnight    \_\_\_\_\_ First Overnight    \_\_\_\_\_ 2 Day    \_\_\_\_\_ Express Saver\*

Workday Acct: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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