



United Parcel Service

University of Illinois at Springfield United Parcel Service Service Request Form

Notice: This form must be completed online and printed. Please submit this completed form and a signed UIS mail slip together with your UPS package to the Mail Center, BSB 114.

Date: _____

Shipment From:

Name: _____

Department: _____

Location: _____

Customer Id.: _____

5 digits under bar code on mail slip

Shipment To:

Att.: _____

Company: _____

Address: _____
Please enter street address only. Do not use P.O. Boxes

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Shipping Service Options (Check Only One)

Next Day Air

Ground

Second Day Air

Worldwide Express

Saturday Delivery

Insure for: _____
(\$.50 per \$100)

Documentation Label

The label affixed here provides you an accounting of the following:

Tracking:

Date Sent:

Cost:

Department Charged: