



United Parcel Service

# University of Illinois 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

Saturday Delivery, Extra cost

Second Day Air

Ground

Worldwide Express

Insure for: \_\_\_\_\_

Up to value of \$100 – insurance included, no additional fee

\$100.01-\$300 – \$3.90

Value over \$300 – additional \$1.30 per \$100 of value declared.

## Documentation Label

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

Tracking:

Date Sent:

Cost:

Department Charged: