

# Texas Tech University - MailTech Domestic Shipping Form

**Instructions:**

1. Fill in the appropriate sender and receiver information. Commercial Carriers will not deliver to Post Office Box addresses, so when shipping use a physical (street) address for the receiver's address. We must obtain a valid **FOP** number for **all** shipments, please provide so as not to delay your shipment.
2. Place this form in the envelope sleeve or attach to the outside of your shipment.
3. Bill receiver and bill 3rd party shipments require a valid Commercial Carrier account number.
4. MailTech personnel will use this information to process an air way bill for your shipment, so please make sure the address appears legibly and accurately. **PLEASE FILL OUT THIS FORM ONLINE AND PRINT TO MAKE A MORE LEGIBLE DOCUMENT.**

**Date:** \_\_\_\_\_

**Number of packages shipping:** \_\_\_\_\_

**Sender Information**

**Receiver Information**

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

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

Department: \_\_\_\_\_

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

Mail Stop: \_\_\_\_\_

Address 1: \_\_\_\_\_  
(Physical Address Required – no PO boxes)

Phone Number: \_\_\_\_\_

Address 2: \_\_\_\_\_ Residence ~~Business~~

Fax Number: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

If address info  
doesn't fit on form,  
write or note full info  
on shipment also.

**Billing Information:**

Bill to: Sender: ~~Receiver: 3<sup>rd</sup> Party:~~

FOP Number: \_\_\_\_\_ 3rd Party name/address: \_\_\_\_\_

To bill the Receiver or a 3<sup>rd</sup> Party Acct: # \_\_\_\_\_

**Service Desired (Check One) – not all services are available to all destinations:**

**FedEx:** Priority Overnight ~~Standard Overnight 2 Day AM 2 Day Express Saver (3 day)~~  
Ground Saturday Delivery (surcharge applies, not avail to all locations)

**UPS:** Next Day Air Early AM ~~Next Day Air Next Day Air Saver 2<sup>nd</sup> Day Air AM~~  
2<sup>nd</sup> Day Air ~~3<sup>rd</sup> Day Select Ground Saturday Delivery (surcharge applies, not avail to all locations)~~

**Declared Value Amount** (maximum liability of carrier for shipments): \$ \_\_\_\_\_

**Hazardous Materials Information:**

Does this shipment contain hazardous materials? Yes \_\_\_ No \_\_\_ If yes, please attach MSDS/Hazmat ppwk and any special handling instructions. **A number to contact 24 hours a day is required for hazmat shipments.**

Contact Name/Phone Number: \_\_\_\_\_ Dry Ice Amount \_\_\_\_\_



**Tracking number (choose one):** Fax tracking number to me \_\_\_ Send tracking number via campus mail \_\_\_

Email \_\_\_\_\_