

# Texas Tech University - MailTech International Shipping Form

**Instructions:**

Fill in the appropriate information below. 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 this so as not to delay your shipment. Bill receiver and bill 3rd party shipments require a **valid Commercial Carrier account number**. Place this form in the envelope sleeve or attach to the outside of your shipment. MailTech personnel will use this information to process an air waybill 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.**

**Service Desired:**      **FedEx**                      **UPS**                      **DHL**

Date: \_\_\_\_\_ Number of packages shipping : \_\_\_\_\_

<b>Sender Information</b>	<b>Receiver Information</b>
Name: _____	Name: _____

Department: _____	Company: _____
-------------------	----------------

Mail Stop: _____	Address 1: _____ <small>(Physical Address Required – PO Boxes are not valid for delivery)</small>
------------------	--

Phone Number: _____	Address 2: _____
---------------------	------------------

Fax Number: _____	City: _____
-------------------	-------------

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Billing Info:**

Bill to: Sender	3rd Party	Phone: _____
Receiver		<small>Residence          Business</small>

Sender FOP Acct Number \_\_\_\_\_ Receiver or 3<sup>rd</sup> Party Acct# \_\_\_\_\_

3<sup>rd</sup> Party Name/Address \_\_\_\_\_

Bill Customs Duty/Tax/Fees to:      Sender                      Receiver                      3<sup>rd</sup> party

**Hazardous Materials Info:**

Does this shipment contain hazardous materials? **Yes**      **No**      If yes, please attach MSDS/haz mat paperwork and any special handling instructions. **A phone# to contact 24 hours a day is required.**

24 Hr Contact Name/Phone Number: \_\_\_\_\_

Dry Ice Amount: \_\_\_\_\_

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

**Customs Info** - exact contents of shipment:

\_\_\_\_\_

(International shipments -except those containing documents only-require a customs invoice.)

**Tracking Number** **fW ccgY cbYz**: Fax tracking number to me      Send tracking # via campus mail

Email tracking number \_\_\_\_\_

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

