

UPS - UNITED PARCEL SERVICE
SHIPMENT RECORD

Date: _____

Department Name: _____

Department Address: _____

Phone #: 575- _____ Internal PO #: _____ Mail Code #: _____

Type of Service: Ground Next Day Air 2nd Day Air
3 Day Select

Amount of Insurance: \$ _____

If insured for \$1,000 or more, list the contents:

Sender's Email Address: _____

The sender's email address is needed so that the tracking number can be sent to the department.

Signature: