

**DHL-UPS-FEDEX Billing Form**

Date    /    /

Department Name \_\_\_\_\_

Dept Address \_\_\_\_\_

Phone 575- \_\_\_\_\_ PO # \_\_\_\_\_ MC# \_\_\_\_\_

Type of Service:     UPS     FEDEX     DHL

Ground     Next Day     2<sup>nd</sup> Day     3<sup>rd</sup> Day

Amt of Insurance \_\_\_\_\_ if more than \$1000 list contents

\_\_\_\_\_

\_\_\_\_\_

Senders Email

\_\_\_\_\_

Signature: \_\_\_\_\_