

FedEx Request Form

SOM Research Operations Mailroom

243 SOM Research Building | 951-827-2911

1139 Webber Hall | 951-827-6012

mailroom@medsch.ucr.edu

Instructions for Requestors:

- Fill this form out completely. Missing information will delay the ability of the mailroom to send out your package on time.
- Bring completed form **and** package to the mailroom no later than 2:00pm if you want the package shipped out same day. The Mailroom cannot prepare your request until they have both.
- Please print out this form or email it to the mailroom email when completed.

REQUESTOR'S NAME		REQUESTOR'S PHONE NUMBER		LAB NAME		DATE OF REQUEST	
RECIPIENT'S NAME				RECIPIENT'S ADDRESS			
RECIPIENT'S EMAIL							
RECIPIENT'S PHONE							
WEIGHT		DETAILED DESCRIPTION OF ITEM			BIO- HAZAR DOUS?	CONTAINS DRY ICE?	FRAGILE?
(TO BE FILLED IN BY MAILROOM STAFF)					Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> Lbs.: _____ No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SELECT ONE OF THE FOLLOWING SHIPPING OPTIONS:	FIRST OVERNIGHT (ARRIVES BY 8AM)	PRIORITY OVERNIGHT (ARRIVES BY 10:30AM)	STANDARD OVERNIGHT (ARRIVES BY 3PM)	TWO DAY AM	TWO DAY	GROUND (3-5 BUSINESS DAYS)	INTERNATIONAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECONOMY: <input type="checkbox"/> PRIORITY: <input type="checkbox"/>
FAU # (to charge shipping costs)				Recipient of 3 rd Party FedEx Account # (only fill this out if recipient is paying for shipping costs)			
DECLARATION STATEMENT: I understand the University cannot ship medicines, weapons, alcohol, tobacco, or cash. I hereby certify this shipment benefits the "science" of my federal research project and the information on this form is true and correct.				REQUESTOR'S SIGNATURE			DATE
ADDITIONAL COMMENTS:							