

Geosciences Mail Form

From:

Sender: _____

Date Submitted: _____

Phone Number: _____

Weight: _____

Account Number: _____

Dimensions (L x W x H) _____

Declared Value:

\$ _____

Department Approval If Using
Department Account:
_____Description of Goods:

_____**To:**

Contact Name: _____

Address: _____

Company: _____

Phone Number: _____

Country: _____

City/ State: _____

Zip: _____

Domestic Services**FedEx** First Overnight Priority Overnight Standard Overnight 2-3 Day AM Delivery 2-3 Day Delivery Express Saver Ground**International Services****FedEx** International First International Priority International Economy Residential Address Require Signature Send Tracking No. To Email: _____

Business Office Only

Tracking Number: _____ Sent by: _____ Date: _____