



Instructions:

614-292-2694

- Complete form, print & attach to package
- Use a campus UPS drop box until 4:30 p.m.
- To schedule a pickup <http://u.osu.edu/receivingmail/returns/> prior to 3 pm
- Drop-off to 2650 Kenny Road before 5:00 p.m. use red pedestrian door, next to dock doors, south side of the building

1 FROM (shipper)

OSU Department / Organization

Contact Name

OSU Name.# (@osu.edu; @osumc.edu)

Department / Organization Address

Post / Zip

Phone

Do you want to track this shipment? Yes ☐ No ☐

☐ Charge to receiver? If yes, UPS account no. _____

2 DEPARTMENT CHARTFIELD / PAYMENT INFORMATION

ORGANIZATION	FUND	ACCOUNT
PROJECT		
PROGRAM	USER DEFINED	BUDGET YEAR

3 DESCRIPTION OF CONTENTS **REQUIRED**

- ☐ Contains a hazardous substance? If so, what? _____
- ☐ Contains dry ice? If so, how many KGs? _____

4 DECLARED VALUE

☐ Insurance \$ _____ (value)

STORES, RECEIVING AND MAIL

EXPRESS SHIPPING FORM

OVERNIGHT/GROUND/INTERNATIONAL

PACKAGE WEIGHT IN LBS

5 TO (recipient)

Company Name

Contact Name

Delivery Address
Shipments Cannot be Made to a PO Box

Post / Zip

Country

Phone

E-mail

6 TYPE OF SERVICE

Choose One

- ☐ **UPS NEXT DAY AIR®**
Most deliveries made by 10:30 a.m.
- ☐ **UPS GROUND**
Delivery in 1–5 business days (in-state deliveries usually arrive next day)
- ☐ **UPS WORLDWIDE SAVERSM**
Int'l Service: Delivery in 1–3 business days. Customs services may delay delivery.

DUPLICATE LABEL(S)?

TOTAL QUANTITY

Additional Options

- ☐ **Signature Requested**
- ☐ **Residence**
- ☐ **Saturday Delivery**
Please Call First—service not available to all locations 1-800-742-5877, alert recipient

7 SUPERVISOR/PI AUTHORIZATION

Signature

Date (mm/dd/yyyy)

Shipments are covered with \$100 insurance coverage. Inputting a value in this field will increase this insurance and will result in additional fees.

**We ship
via UPS**



Packaging Type (required)

Express Box

Customer Supplied

Other (describe)

Check here to request return service (to OSU) only