

UPS/FedEx Shipping(One form per address. **All** fields required.)

DATE _____

FROM:

(DEPT./UNIT) _____

SENDER'S NAME _____

SENDER'S PHONE _____

TO:

BUSINESS NAME _____

ATTN _____

ADDRESS (Cannot ship to PO Box) _____

CITY, STATE, ZIP _____

RECIPIENT'S PHONE _____

CONTENTS OF PACKAGE(S) (Book, DVD, T-shirt, etc.) _____

 BILL TO: (Dept., person, grant #, etc.) _____

**K-State Research and Extension
Department of Communications
and Agricultural Education**
Bookstore and Mail Center
26 Umberger Hall
Manhattan, KS 66506-3400

NO. PACKAGES TO THIS ADDRESS _____

DECLARED VALUE PER PACKAGE _____

(Insured up to \$100 per pkg at no extra charge)

PAYMENT (check one)

 Sender Cash
 Check # _____

 Recipient
 3rd Party (see below left)

 FedEx Acct # _____
 Deliver without signature?

UPS OVERNIGHT GROUND
 AM PM
(not available to all locations)

FedEx OVERNIGHT 2-DAY EXPRESS
 AM PM
(not available to all locations) GROUND

UPS TRACKING # PREFIX: 1Z4645XX
(USE PREFIX AND TRK# SHOWN ON ATTACHED LABEL)

FED EX TRACKING #

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