



## FEDEX SHIPMENT REQUEST

Shipment Date \_\_\_\_\_

From:

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

To:

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Package Type (select)

FedEx Envelope / FedEx Pak / FedEx Box / FedEx Tube / Your Packaging

Number of Packages \_\_\_\_\_ Weight \_\_\_\_\_

Declared Value: \$ \_\_\_\_\_ (Please complete if shipment value exceeds \$100)

Service Type (select)

First Overnight / Priority Overnight / Standard Overnight / FedEx 2 Day AM /  
FedEx 2 Day / FedEx Express Saver

FedEx Ground / FedEx First Overnight Freight / FedEx 1 Day Freight /  
FedEx 2 Day Freight / FedEx 3 Day Freight

Billing:

Bill to Banner Index \_\_\_\_\_

Brief Shipment Description \_\_\_\_\_

Approval to Pay Signature \_\_\_\_\_ Date \_\_\_\_\_

Shipping & Receiving Signature \_\_\_\_\_ Date \_\_\_\_\_