

MAIL SERVICES

PACKAGE Shipping Intake Form

NOTE:

FOR OFFICIAL SSU BUSINESS ONLY

THIS FORM MAY NOT BE USED FOR SHIPPING TO PO BOXES

Your package must be pre-addressed before being picked up by, or dropped off at mail services. If shipping at Campus Prints, it is not necessary to pre-address your package.

INSTRUCTIONS:

REQUIRED PACKAGE INFO

Please complete one form per UPS shipment. Multiple shipments will require one form each.

Print, fill and bring to Shipping and Receiving along with items to ship, or e-mail a copy of the completed form to: postoffi@sonoma.edu and then bring your item(s) to Shipping and Receiving.

Name:	Date:		
Department:	E-Mail:		
Chartfield String:	Phone:		
Description of Contents:			
# of Packages in Shipment: Needs insur	rance? Yes No	Declared Value*:	
Preferred Shipping Method: Ground 3-day Selection	ct 2nd Day Air	Next Day Air	Next Day Saver

Description of Contents:				
# of Packages in Shipment:	Needs insurance?	Yes No	Declared Value*:	
Preferred Shipping Method: Ground	3-day Select	2nd Day Air	Next Day Air	Next Day Saver
Hazardous Materials? Yes No	Perishable Materials?	Yes No	Contains Batteries?	Yes No
*The "Declared Value" field may be left blank if inst	urance isn't required. All packa	ges are automatical	lly insured for up to \$100.	
RECIPIENT INFO				
Company or Name:				
Attention To:				
Street Address:			Apt, Suite, Floor:	
City:	Sta	te:	Zip:	
Phone #:	E-N	fail:		
ADD-ON SERVICES	INT	ERNAL USE ONLY		
☐ E-Mail Notifications (No Fee) Y/N	Tra	cking #:		
☐ Delivery Confirmation (+ Fee) Y/N	Dat	Date Shipped:		
Deliver w/o Signature (No Fee) Y/N	Cos	Cost (Published):		
☐ Deliver on Saturday (+ Fee) Y/N	Cos	Cost (Negotiated):		