

**BELMONT UNIVERSITY**  
**MAIL/SHIPPING CHARGE FORM**

- 1.) Please type or print complete information in sections A-C for outgoing mail and A-F for packages.  
2.) All parcels are insured for up to \$100.00 (UPS). If you wish to insure your package for more, indicate the total value in section F.  
3.) Multiple packages to a single address may be indicated on this form, but each different consignee requires an individual record form.

**Required for all outgoing mail:**

**A.) Authorization:**

**(REQUIRED)** Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**B.) Accounting Information: FOAPAL and Department Name**

Please enter account FOAPAL **(REQUIRED)**

Fund	Organization	Account	Program	Activity	Location
Please enter department name: <b>(REQUIRED)</b>					
Department Name			Office Location		

**C.) Please Select Shipping Method:**

<b>UPS:</b>	<input type="checkbox"/> GROUND	<input type="checkbox"/> 2 DAY AIR - 10:30AM	<input type="checkbox"/> NDA - 8:30AM	<b># OF ITEMS (REQUIRED)</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<input type="checkbox"/> 3 DAY SELECT	<input type="checkbox"/> 2 DAY AIR - EOD	<input type="checkbox"/> NDA - 10:30AM	
			<input type="checkbox"/> NDA - EOD	
<b>USPS:</b>	<input type="checkbox"/> FIRST CLASS MAIL	<input type="checkbox"/> FIRST CLASS PARCEL	<input type="checkbox"/> MEDIA MAIL/BOOK RATE	
	<input type="checkbox"/> PRIORITY MAIL	<input type="checkbox"/> PRIORITY MAIL EXPRESS	<input type="checkbox"/> STANDARD MAILING	
	<input type="checkbox"/> CERTIFIED MAIL	<input type="checkbox"/> RETURN RECEIPT	<input type="checkbox"/> POST CARDS	
<b>MISC:</b>	<input type="checkbox"/> PRINTING	<input type="checkbox"/> SUPPLIES	<input type="checkbox"/> PACKING	<input type="checkbox"/> OTHER: _____

**Required for all packages:**

**D.) Address Information:**

<b>To:</b> _____ Name  _____ Company Name  _____ PO Box/Street Address  _____ Street Address  _____ City/State/Zip  _____ Phone	<b>From:</b> _____ Name <b>(REQUIRED)</b>  _____ Department Name  _____ Building/Room #  _____ Departmental Phone
(Recipient's phone number must be listed before package can be shipped for UPS)	

**Please check one:**

☐ Business Address      ☐ Residential Address

**E.) General Description of Contents:** \_\_\_\_\_

**F.) Declared Value:**

Box #1	Box #2	Box #3	Box #4	Box #5	Box #6

**G.) SPECIAL INSTRUCTIONS/COMMENTS:**