

LSU Mailing Services - UPS Shipping Form

Date: _____

Method of Payment

- Cash / Check (Counter service only)
- LSU Department
LSU Budget Code # _____
- Collect / Third Party Billing (Not available for cash packages)
Account # _____

Shipper Information

Sender's Name _____

LSU Dept Name _____

Phone _____

Signature _____

Signature required for all shipments

Delivery Address

Company or Name _____

Attention _____

Street _____

Room/Floor/ Apt _____

Department _____

City _____

State _____ Zip _____

Country _____

Phone _____

(required for International)

_____ # of packages to this address

Service Requested

Next Day

- Early AM (By 8:00 am)
- Standard (By 10:30 am)
- Saver (By 3:00 pm)

2nd Day

- 2nd Day AM (By 12:00 pm)
- Standard 2 Day

3 Day

- 3 Day Select

Ground

- Commercial
- Residential

Service Options

- Insurance - Declared Value _____
- Signature Required
- Email Notification _____

***Sender is responsible for all packaging. LSU Mailing Services assumes no liability for damages due to packaging.**