

PSC Shipping Requisition

Department	Contact for questions	Phone/Extension
Budget Number	OR	Recipient's FedEx Account
Authorized Signature	Date	

Shipment Details

FedEx	
<input type="checkbox"/> First Overnight* (~8:00 to 10:00 am)	<input type="checkbox"/> Priority Overnight (~10:30 am)
<input type="checkbox"/> 2Day AM	<input type="checkbox"/> 2Day
<input type="checkbox"/> Express Saver (3 business days)	<input type="checkbox"/> Std. Overnight (~3:00 pm)
<input type="checkbox"/> Ground**	
<input type="checkbox"/> United States Postal Service (For packages weighing < 2 lbs. with no physical address available (PO boxes only).)	

*First Overnight service *does not* receive the state discount. Select ONLY if 8:00 am delivery is paramount. Very expensive compared to Priority Overnight.

**FedEx Ground is one (1) business day transit within Washington, and to most of Oregon and northern Idaho (carrier pickup next morning.)

1	Qty.	Description of Contents	Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. Dimensions Length Width Height <input type="checkbox"/> oz.	Notes		
2	Qty.	Description of Contents	Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. Dimensions Length Width Height <input type="checkbox"/> oz.	Notes		
3	Qty.	Description of Contents	Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. Dimensions Length Width Height <input type="checkbox"/> oz.	Notes		

Packed by Hazardous Materials Shipper _____ Other _____

Recipient Information

Name			
Company (optional)			
Address			
Address 2 (optional)			
City	State	ZIP	Country (optional)
Phone			

Notification Emails (FedEx Only)

	TENDERED	EXCEPTION	DELIVERY
E-mail 1	<input type="checkbox"/> Picked Up	<input type="checkbox"/> Problem	<input type="checkbox"/> Delivered
E-mail 2	<input type="checkbox"/> Picked Up	<input type="checkbox"/> Problem	<input type="checkbox"/> Delivered
E-mail 3	<input type="checkbox"/> Picked Up	<input type="checkbox"/> Problem	<input type="checkbox"/> Delivered

Additional Packages

Department	Contact for questions	Phone/Extension
------------	-----------------------	-----------------

[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		
[]	Qty.	Description of Contents				Insurance Value \$	Dry Ice <input type="checkbox"/> Yes Wt. _____	Flammable <input type="checkbox"/> Yes Vol. _____
	Weight	<input type="checkbox"/> lbs. <input type="checkbox"/> oz.	Dimensions Length	Width	Height	Notes		

Master Tracking Number

--