

# Shipping Request Form



Recipient Information

Date: \_\_\_\_\_

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Residential Address: Yes / No

Guest Sending Package (If Different Than Above)

Employee Sending Package

Guest Name: _____	Employee Name: _____
Room Number: _____	Hotel/Dept: _____
Phone Number: _____	Extension: _____
E-Mail (for price/delivery notification): _____	

Item Being Shipped

Billing

Description: _____	<input type="checkbox"/> Room Charge: _____
Reason: _____	<input type="checkbox"/> Master Account: _____
Insured Value (Optional): _____	<input type="checkbox"/> Credit Card: _____
Guest Room Number: _____	<input type="checkbox"/> Pre-Paid (FedEx/UPS Acct#): _____
	<input type="checkbox"/> Hotel Charge

USPS Flat Rate / Flat Rate Boxes

OR

Federal Express / UPS

<input type="checkbox"/> USPS Envelope \$7.00	<input type="checkbox"/> Priority Overnight
<input type="checkbox"/> USPS Small Box \$7.50	<input type="checkbox"/> Standard Overnight
<input type="checkbox"/> USPS Medium Box \$13.00	<input type="checkbox"/> 2 Day
<input type="checkbox"/> USPS Large Box \$16.50	<input type="checkbox"/> Express Saver (3-Day)
<input type="checkbox"/> Miscellaneous \$ _____	<input type="checkbox"/> Ground

OFFICE USE ONLY

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Shipping Clerk Initial & Date: \_\_\_\_\_