

SHIPPING LABEL REQUEST

(Fill out completely)

Today's Date _____

Label Type: Ship To
Required (From UNL)

Return Shipment to UNL
(Billed to your Cost Center #)
**Email Label will be
sent to the shipper.**

Ship From:

Ship To:

Contact Name

Contact Name

Company/Department Name

Company/Department Name

Address 1

Address 1

Address 2

Address 2

City, State, Zip Code, Country (If outside USA)

City, State, Zip Code, Country (If outside USA)

Contact Phone Number (including area code)

Contact Phone Number (including area code)

Contact Email Address

Contact Email Address

Package & Shipment Details (Shipping Service Type and Package Type are REQUIRED)

Priority Overnight (by 10:30am) Standard Overnight (by 3:00pm) 2-Day (by 4:30pm) Express Saver Ground

Envelope Pak Box Tube

Your Packaging (The following is required if it's your own packaging):

_____ Package weight in lbs Dimensions in inches: _____ width _____ length _____ height

Special Handling

Dry Ice _____ Weight in lbs Hazardous

Saturday Delivery

**Detailed Description of Shipment Materials; Quantity &
Units (Required for Hazardous and for International
Shipping)**

Declared Value (Required) \$ _____ US Dollars

(FedEx: The declared value of any package represents our maximum liability in connection with a shipment of that package).

Billing Details (Bill Transportation To) **UNL Cost Center # or Recipient's Account # is REQUIRED**

Your UNL Cost Center # _____

Your Reference (not required) _____

or Recipient's Account # _____