

**UPS Shipping Document**  
**Presbyterian College Mail Services**  
**Smith Administration Building**  
**Ext. 7089**

**Recipient Information**

Recipient  
(no P.O. boxes)

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Is the above address residential?                      Yes                      No

Recipient Phone #

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Recipient Email

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**Shipment Information**

Ship Via

- UPS INTERNATIONAL  
*(Please include a completed customs form.)*
- UPS GROUND
- UPS 3 DAY SELECT
- UPS 2ND DAY AIR
- UPS NEXT DAY AIR  
*(Please specify a delivery time in the space at right.)*

Shipment Value

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**Insurance Needed?**                      Yes                      No  
*(UPS automatically provides the first \$100.00.)*

Saturday Delivery Required?

Yes                      No

Signature Required?

Yes                      No

**Shipper Information**

Shipper

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Shipper Phone #

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Shipper E-Mail

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**Payment Information**

Bill

- SHIPPER (Personal)
- PRESBYTERIAN COLLEGE  
*(Department/Organization # \_\_\_\_\_)*
- RECIPIENT  
*(Recipient UPS Account # \_\_\_\_\_)*