Texas Tech University - MailTech
Domestic Shipping Form

Instructions:

1. Fill in the appropriate sender and receiver information. Commercial Carriers will not deliver to Post Office Box addresses, so when shipping use a physical (street) address for the receiver's address. We must obtain a valid **FOP** number for **all** shipments, please provide so as not to delay your shipment.
2. Place this form in the envelope sleeve or attach to the outside of your shipment.
3. Bill receiver and bill 3rd party shipments require a valid Commercial Carrier account number.
4. MailTech personnel will use this information to process an air way bill for your shipment, so please make sure the address appears legibly and accurately. **PLEASE FILL OUT THIS FORM ONLINE AND PRINT TO MAKE A MORE LEGIBLE DOCUMENT.**

Date: 2/2/2024

Number of packages shipping: 1

Reset Form

If address info doesn't fit on form, write or note full info on shipment also.

Sender Information

Name: Vijay Hegde

Department: Nutritional Sciences

Mail Stop: 1270

Phone Number: 806-834-6695

Fax Number: -

Receiver Information

Name: **Attn: Sample Receiving**

Company: **IDEXX BioAnalytics**

Address 1: **4011 Discovery Dr**
(Physical Address Required – no PO boxes)

Address 2: _____ residence ☐ business ☑

City: **Columbia**

State/Zip Code: **MO 65203**

Phone: **443-416-8660**

Billing Information:

Bill to: Sender: ☑ Receiver: ☐ 3rd Party: ☐

FOP Number: **314112032 (23A836-B59308-200)**

3rd Party name/address: _____

To bill the Receiver or a 3rd Party Acct: #_____

Service Desired (*Check One*) – not all services are available to all destinations:

FedEx: Priority Overnight ☐ Standard Overnight ☐ 2 Day AM ☐ 2 Day ☐ Express Saver (3 day) ☐

Ground ☑ Saturday Delivery (surcharge applies, not avail to all locations) ☐

UPS: Next Day Air Early AM ☐ Next Day Air ☐ Next Day Air Saver ☐ 2nd Day Air AM ☐

2nd Day Air ☐ 3rd Day Select ☐ Ground ☐ Saturday Delivery (surcharge applies, not avail to all locations) ☐

Declared Value Amount (maximum liability of carrier for shipments): $_____

Hazardous Materials Information:

Does this shipment contain hazardous materials? Yes ☑ No ☐ If yes, please attach MSDS/Hazmat ppwk and any special handling instructions. **A number to contact 24 hours a day is required for hazmat shipments.**

Contact Name/Phone Number: **806-663-0540** Dry Ice Amount _____

Tracking number (*choose one*): Fax tracking number to me ☐ Send tracking number via campus mail ☐

Email ☑ **vijay.hegde@ttu.edu**

PRINT