

LARIMER COUNTY - FEDEX SHIPMENT FORM

CUSTOMER NO. _____ ACCOUNT NO. 52004	DEPARTMENT: _____
DATE: _____	AUTHORIZED BY: _____

PARCEL ADDRESSED FOR DELIVERY TO:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DESCRIPTION OF CONTENTS: _____ ADDRESSEE PHONE: _____

ALL ITEMS MUST HAVE A DECLARED VALUE (Actual Value of Contents: \$ _____)

TYPE OF SERVICE
Please check ONE box for type of service.
<input type="checkbox"/> PRIORITY OVERNIGHT Delivery by 10:30 AM next business day
<input type="checkbox"/> STANDARD OVERNIGHT Delivery by 3 PM next business day
<input type="checkbox"/> 2 DAY SERVICE Delivery by 4:30 PM second business day
<input type="checkbox"/> EXPRESS SAVER Delivery by 4:30 PM within 3 business days

MAIL CENTER USE ONLY				
TRACKING NUMBER _____				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">WEIGHT</td> <td style="width: 50%; padding: 5px;">TOTAL CHARGE</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;">\$</td> </tr> </table>	WEIGHT	TOTAL CHARGE		\$
WEIGHT	TOTAL CHARGE			
	\$			

COMPLETED DATE _____ PROCESSED BY _____
