

FEDEX SHIPPING LABEL REQUEST

All FedEx label requests must be sent before 1:00 PM to uf-pharmacology@ufl.edu

Please complete the below information for the FedEx shipping label.

Sender

Contact Name:

Address:

Zip Code:

City/State:

Phone Number:

Recipient

Company:

Contact Name:

Address:

Zip code:

City/State:

Phone number:

Package & Shipment Details

Number of Packages:

Weight (lbs.):

Service Type:

Package Type:

Will the shipment contain dry ice?

Dry Ice Weight(lbs.)

Billing

Project to Charge:

Schedule Pickup

Date:

Location (Office or Lab Number):

Additional Information:

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