

Harborview Medical Center
Telecommunication Services-FedEx Mailing Form

Fill out the form completely and attach it to the FedEx Package- FOR BUSINESS USE ONLY, NO PERSONAL MAILINGS ALLOWED.

Date: _____

Mailing From:

Name: _____

Department: _____

Room Number: _____ Box Number _____

Telephone Number: _____

Cost Center Number: _____

(There must be a cost center identified before mailing will be processed)

Mailing To:

Name: _____

Company Name: _____

Street Address: _____

(Do not use a PO Box)

City, State, Zip Code: _____

Telephone Number: _____

Chose One:

Priority Overnight _____ Next business morning (not available to all locations)

Standard Overnight _____ Next business day service (not available to all locations)

2Day _____ Second business day service

First Overnight _____ Earliest next business morning delivery to select locations

International Services _____ Scheduled delivery times vary by location

Saturday Delivery _____ Service not available to all locations

Chose One:

Envelope _____

Package _____

Box _____

Payment-Bill To: Sender _____ Recipient _____ Third Party _____

For Recipient and Third Party Billing a FedEx account number must be listed:

Special Handling – Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging
Saturday Delivery ____ (Available ONLY for FedEx Priority Overnight & FedEx 2 day to select ZIP codes)

Does this shipment contain dangerous goods? No _____

Yes _____ As per attached shipper's declaration Yes _____ Shipper's Declaration not required

Dry Ice _____ Dry Ice, 9, UN 1845 _____ x _____ kg

Telecommunication Services Department Use Only:

Entered in Computer: Date _____ Time _____

Airbill Printed: Date _____ Package Sent: Date _____

Account Used: HMC _____ R&T _____ Tracking No. _____