

Division of Physical & Biological Sciences

Special Mail Service Request Form

Date: _____

Originator: _____ Department: _____

TYPE OF SERVICE:

Fed Express: _____

UPS Two-Day or Overnight: _____

Express Mail: _____

Facsimile: _____

Other: _____

MAIL CODE TO CHARGE: 34-_____

DESTINATION:

Who: _____

Where: _____

BOARD/P.I. AUTHORIZED SIGNATURE: _____