

CENTRAL MAIL SERVICES INFORMATION SHEET

REQUIRED ON ALL FLATS AND PARCELS 16 OZ. AND ABOVE WHEN NOT IN SPECIFIC PACKAGING (i.e. FEDEX OR USPS)

KANSAS STATE UNIVERSITY
Central Mail Services
Manhattan, KS 66506
(785) 532-7751 FAX (785) 532-0187

Date _____

Meter # _____

Packages per shipment _____

(Must be same destination and like contents.)

Commercial Address:

Residential Address:

FROM:

Shipper's Name _____
KSU Department _____
Building _____
Manhattan, KS 66506
Phone: (785) _____

Recipient's Name (Please print or type):

Name _____
Receiving Company _____
Street _____
City _____ State _____ ZIP _____
Phone: () _____

Third Party Billing # _____ Internal Ref # _____

(ALL PO BOXES WILL BE SHIPPED USPS)

1. Do you need overnight service (Fed Ex)? Yes No
If so, check the time you need it there 10:30 a.m. 12:00 p.m. 4:30 p.m.
2. Which is the most critical to you? Time or Cost
3. Does the package contain personal correspondence (a letter to a specific person)? Yes No
4. Do you need insurance? Yes No Amount per package: \$ _____
5. Do you need this package to be trackable? Yes No
6. Do you need 2-Day Priority Mail (not guaranteed)? Yes No

CONTENTS (required on all packages): List each item and amount separately!

IF MATERIAL BEING SHIPPED IS, OR MIGHT BE, A HAZARDOUS MATERIAL, PLEASE CONTACT CONNIE AT CENTRAL MAIL SERVICE AT 532-7751 FOR INDIVIDUAL INSTRUCTIONS ON EACH PACKAGE.

This is to certify that the contents of this package are properly packaged, marked, and labeled with a TO and FROM address and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. CMS reserves the right to inspect any package being shipped through our facility.

Signature: _____

Date: _____

Type or print name: _____

RETURN COPY OF SHIPPING COST TO DEPARTMENT ADDRESS? Yes No

CENTRAL MAIL USE ONLY:		
Date parcel sent _____	Shipping Cost _____	Carrier Used _____

PLEASE PRINT THIS FORM AND ATTACH TO PARCEL.