



SHIPPING REQUEST FORM

Physical Education Complex
(Room 179)

All fields in BLUE are required. Please fill out the form completely so that all instructions are clear. If shipping form is not complete, it may delay your shipment.

Phone: 410-951-3750

Fax: 410-951-6387

COPPIN STATE UNIVERSITY BILLING DETAILS

Account/Billing Information

DATE: _____ / _____ / 2026	Administration	Faculty	Staff	Student	Other
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Shipper

Contact Name	Department
Phone #	Email

Workday / U Source

SHIPPING INFORMATION

Ship To (Receiver)

Company Name		Company Address	
Contact Name	Phone #	City/State/Province	
Email		Postal Code	Country

Third Party Billing Information

UPS	Fed Ex	DHL	Account #
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Destination Type

Business	Residential
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Package Type

UPS Envelope	UPS Pak	UPS Box	FedEx Pak	Other
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SHIPPING SERVICE TYPE

NO PREFERENCE

USPS

Express	Delivery Conf.
Priority	Return Receipt
Certified	Signature Conf.
Parcel Post	Media Mail / Book Rate
Registered	First Class / Parcel Flat
International	

UPS

2 nd Day
3 rd Day Select
Ground
International
Next Day

SPECIAL INSTRUCTIONS:

FED-EX

2 nd Day	International
Express Saver 3 rd Day	Priority Overnight
Ground	Overnight

DHL

Next Day
Priority Next Day

No. Items	Qty	Weight	Dimensions	Description	HTS Code	Country of Origin	Unit Value	Total Value

Signature (Please Sign):

Shipping Cost \$

Saving

Staff Signature and Date:

Tracking Number

/ / 2026

