

MOUNTAINTOP CAMPUS, BUILDING J
\*REQUIRED FIELD — SHIPMENT WILL NOT BE PROCESSED IF LEFT BLANK

## **UPS MAILING REQUEST**

*Requester:			Phone:	Phone: *Date:	
*Department:			Location:	Location:	
Account Executive:			Insurance: 🗆 Yes 🗀 No		
*Account # to be Charged:			Package Value: \$		
*Delivery Type: ☐ Ground ☐ 2nd Day Air			☐ Next Day Air	☐ Internation	al 🚨 Other
*Shipped to:					Commercial
					Residential
☐ <b>Does not</b> contain a					
☐ Contains lithium b	atteries th	at are <b>'contained in'</b> (	equipment.		
Contains lithium b	atteries th	at are <b>'packed with'</b> e	equipment.		
Contains 'standalo	<b>ne'</b> lithium	batteries. <i>Ground se</i>	ervices only!		
Select the appli	cable box:				
☐ Contains less	then 1 gra	m lithium content fo	r Lithium Metal cells and	less than 2 grams li	ithium content for
Lithium Metal B	atteries.				
☐ Is less than 20	) Wh for Li	thium Ion cells and 1	00 Wh for Lithium Ion ba	tteries.	
FOR MAILING	SERVIC	ES ONLY			
Carton Weight:	lbs	OZS.	UPS Charges: \$		
			Insurance: \$		
			Service Charge: \$ 1.	00	
			*Total Charge: \$		
			*THIS CHARGE WILL BE MADE D	IRECTLY TO THE ACCOUNT INSE	ERTED ABOVE
Received by:					
Processed by:					
Date Shipped:			PL	PLACE LABEL HERE	