



The Henry M. Jackson School of International Studies
UPS Express Mail, Billing Documentation

Please use one form for *each* transaction. Please fill form completely

Date to be shipped: _____

Shipper Information:

Your Name: _____

Today's Date: _____

Program: _____

Telephone: _____

Budget Number: _____ - _____

Email: _____

Transaction Information:

Company Name: _____

Service: Business OR Residential

Contact: _____

Domestic OR International

Complete Address: _____

Standard Overnight

Int'l Expedited (fast)

Next Day Air Saver

Int'l Express (very fast)

Second Day Air

Worldwide Saver (UPS)

REQUIRED PACKAGING INFORMATION

Packaging Type: Letter Box Pak Tube

Package Weight: _____

Package Description:
(Letter, Book, Ect.)

Telephone: _____ **required*

Box Dimensions: H L W

Email: _____ **recommended*

**Only if Packaging Type Selected is 'Box'*

JSIS Business Office Use:

Trans ID #: _____

Amount: _____

Date Reconciled: _____

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