
IAB FedEx Purchase Request

(IAB Rev. 8/27/07)

Recipient Information:

Address of Recipient:

Telephone (required):

Email (if available):

Recipient FedEx Acct.:

Third Party FedEx Acct.:

Service Type:

- 2-Day (U.S.)
 Overnight by 10:30 a.m. (most U.S. locations)
 Overnight by 3:30 p.m. (most U.S. locations)
 International Priority *(include pkg contents)

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NO STYROFOAM CONTAINERS

Does the package contain dry ice?:

Yes _____ No _____

Weight of dry ice _____

Total package weight with dry ice _____

IAB Account Information (All fields required)

Requestor:

Authorizing PI:

Date:

Authorizing Signature (REQUIRED):

IAB fund and org to charge service to:

Director's Office staff processing this request: