



SAMUEL MERRITT UNIVERSITY

Premier Health Sciences since 1909

Facilities Department 2009

SMU Courier Service Transmittal Form

Courier Service via UPS CampusShip

Sender –

Date: ____ / ____ / ____

Name: _____

Phone: _____

Department: _____

Dept. Code: _____

STANDARD SERVICE MON - FRI: Pick up/Deliveries 10:00 a.m. to 3:00 p.m.

Number of Items: 1 2 3 4 5 Other _____

Contents (Optional): _____

Ship to –

Oakland

SRC

SFLC

SMLC

Name: _____ **Dept.:** _____ **Phone:** _____

Special instructions, if any: _____

UPS CampusShip Location –

Date/Time Received at CSL: _____ **Time Delivered by UPS:** _____

Date Shipped: ____ / ____ / ____ **Date Delivered by UPS:** ____ / ____ / ____

Name: _____

Name: _____