

---

# 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)

\*

\*\*\*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: