

MAIL SERVICES RECEIPT FORM

UCSF LOGISTICS

Today's Date	Location (Building and Room)	Box No.	Franking No.	Name of Addressee	Telephone
Name of Sender			Extension	Department	Mail Code
Department			Reference No.	Company	
Contact Person if Different from Sender			Extension	Street Address	
Signature				City, State, Zip Code and Country (If Appropriate)	
Value of Article	Description of Contents				
Time Picked Up	Mail Carrier Signature				Time Delivered

PLEASE CHECK DESIRED SERVICE

PLEASE DO NOT FILL IN SHADED AREAS. THANK YOU.

US POSTAL SERVICE	COMMERCIAL CARRIERS	ACCOUNTABLE MAIL
<input type="checkbox"/> Registered Article # _____ <input type="checkbox"/> Certified Article # _____ <input type="checkbox"/> Insured Article # _____ <input type="checkbox"/> Express Mail Article # _____ <input type="checkbox"/> Return Receipt Requested <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> FedEx Article # _____ <input type="checkbox"/> Overnight <input type="checkbox"/> Two Day <input type="checkbox"/> UPS Next Day Article # _____ <input type="checkbox"/> UPS Second Day Article # _____ <input type="checkbox"/> UPS Third Day Article # _____ <input type="checkbox"/> UPS Ground Article # _____ <input type="checkbox"/> UPS Delivery Confirmation	Date Received Time Received Approximate Size Actual Weight
<p>NOTE: AFTER FILLING OUT THE FORM, PLEASE ATTACH A COPY OF THIS FORM TO YOUR PACKAGE.</p>		

SUPPLY CHAIN MANAGEMENT | UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

supplychain.ucsf.edu/logistics | (415) 502-6245