

SHIPMENT INFORMATION LABEL

INSTRUCTIONS

The completed information below serves as your shipping label and must accompany all Domestic Express Delivery Service requests sent through the PSC/Mail and Messenger Service (MMS) located in Room 1A-44 of the Parklawn Building. You must select BOTH a vendor and a delivery schedule. Two (2) fully executed copies of this label MUST accompany all letters/packages for shipment. Please fold and place both copies into the unsealed plastic air bill pouch affixed to the letter/package. THIS LABEL IS NOT ACCEPTED FOR SHIPMENT(S) BY COMMERCIAL CARRIERS.

This label is for shipments to the 50 states and Puerto Rico only. You must utilize an INTERNATIONAL AIR WAYBILL for all other destinations.

Outgoing Domestic Express Delivery Service shipments placed in your office's outgoing mailbox will be picked up Monday through Friday, at regular mail pickup times, and taken to the Domestic Express Delivery Pickup area. All outgoing shipments prepared after your last mail pickup should be taken directly to Room 1A-44 before 3:30 p.m. to ensure same day shipment.

Domestic Express Delivery Service envelopes, packages, boxes, and tubes are available in limited quantities from your agency's Mail Manager or from the MMS. You may also order supplies by calling vendors directly. If you have any questions, please contact your agency's Mail Manager, the PSC/MMS (301-443-8671), or the vendor directly.

FOLD ON DASHED LINE

GSA CONTRACT NO. - WITH FEDERAL EXPRESS (GS-23F-0170L) AIRBORNE (GS-23F-01810L) CAVALIER (GS-23F-0194L) EMERY (GS-23F018L)

1. SENDER'S ORGANIZATION CAN NUMBER		2. DATE		3. TRACKING NUMBER (FOR MMS USE ONLY)			
4. SENDER INFORMATION				5. RECIPIENT INFORMATION			
a. FROM (Sender's Name)		b. TELEPHONE NUMBER ()		a. TO (Recipient's Name)		b. TELEPHONE NUMBER ()	
c. SENDER'S AGENCY NAME				c. RECIPIENT'S AGENCY NAME			
d. STREET ADDRESS AND ROOM NUMBER				d. STREET ADDRESS AND ROOM NUMBER (No Post Office Box)			
e. CITY		f. STATE	g. ZIP CODE	e. CITY		f. STATE	g. ZIP CODE
6. PAYMENT							
<input type="checkbox"/> Recipient's Account # _____				<input type="checkbox"/> 3rd Party's Account # _____			
		VENDORS FOR PACKAGES UNDER 150 POUNDS			VENDORS FOR PACKAGES OVER 150 POUNDS		
DELIVERY SCHEDULE		Federal Express*		Airborne*	Cavalier*		Emery*
Next Business Day AM		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Next Business Day PM		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2nd Business Day		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3rd Business Day		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Saturday Delivery (Extra Charge)		<input type="checkbox"/>					
* For further information on these service providers please refer to: http://www.fss.gsa.gov/services/express							