

CME UPS Shipment Request

Control #

Name

Account #

Statement of Use

Supervisor Approval

Shipment Type Package Letter Freight

Weight of package

Description of Contents

Ship To :

Company

Contact Name

Address Line 1

Address Line 2

City

State Postal Code

Phone #

Email

Select Service

UPS Ground UPS 2 Day UPS Overnight

Select One

I approve shipping up to but not more than: \$

Please provide an estimate prior to shipping.

Additional insurance requested, for the value of \$

Additional Information