

**North Central Region FedEx Shipping Request Form**

**Ship to:**

--- All fields are required ---

**Name:**

**Address:**

**City, State, Zip:**

**Residence:**

**Business:**

**Added Delivery Information:**

**Phone Number:**

**Email: (For shipping updates)**

**Directorate requesting shipping:**

**Sender:**

**Your Name:**

**Your Full Address:**

**Your Email Address:**

**Your Phone Number:**

**What is being shipped: (detailed description)**

**Total package Weight**

**(in pounds and ounces)**

**Package dimensions**

**L**

**W**

**H**

**BOX TYPE:  
(CHECK BOX)**

**FedEx Box:**

**My own box:**

**What is being shipped, mission requirement for item(s) being shipped, and if accelerated shipping is needed, mission justification.**

Email completed request to NCR FM: [dsewell@ncr.cap.gov](mailto:dsewell@ncr.cap.gov)

**Box Measuring Guide:**

