## **Domestic Shipment Request Form**

Date:	D.1	
Your Name:	P.I	
FedEx tracking	g # Ground Shipping	Billing Information:
	2-3 Day Shipping	Bill Recipient
	Overnight Shipping	Acct #
Other		Bill PRL Account Acct & Sub #
	Addresses	
From:	To	o:
Phone#:	Phone	#:
email:	ema	
Date:		Billing Information:  Bill Recipient  Acct #  Bill PRL Account  Acct & Sub #
	Addresses	
From:	То	D:
	_	
Phone#: email:	Phone ema	