## **INTERNATIONAL SHIPPING FORM**

Date:	Yo	Your 700 # :			
YOUR Information:					
Name:					
Address:					
Address:					
City:	State	j:	Zip:		
Phone # (10 digit): ()	Email:				
Signature:					
Recipient Information:					
Name:					
Company:					
Address:					
Address:					
City:	Province:		Code:		
Country:					
Phone # (10 digit):	Email:	:			
The fo	llowing portion is to be filled	out by the Shipping	Agent		
Service:	(	Customs Notes:			
Customs Value:					
Additional Handling:					

Employee Intl's:\_\_\_\_\_

## The Mule Post

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## You are responsible for all fees and or fines for returned packages or address corrections.

University of Central Missouri/The Mule Post does not assume liability for lost or damaged UPS parcels. In the event a parcel is lost or damaged, you must submit a claim to "The Mule Post" located in the UCM Elliott Union with your shipping order, as well as proof of the actual value of the contents within 30 days of the shipment date. The filing of claims does not in any way make UCM/The Mule Post responsible for the contents or its value. The Mule Post reserves the right to inspect all packages before shipment.

## **USPS** packages only:

I understand that it will be up to me to contact USPS concerning any issues arising from late or missing packages and that it is up to me to fulfill the conditions for filing a claim through the United States Postal Service.

Signature:			
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