## Union Pack & Ship Union 213 University of Central Missouri

10th   Tillica Name:	Date:
Phone Number: ()	
Email address: 700 #:	
Ship To:	
Name:	
Address:	Suite/Apt:
	State: Zip Code:
Contents of Package:	<del></del>
Contents of Package:  Amount of Insurance:	
Amount of Insurance:	(This is optional)
	(This is optional)
Amount of Insurance:  Sender's Signature  I certify that the above informa and I have read the terms and o	(This is optional)
Amount of Insurance:  Sender's Signature  I certify that the above informa and I have read the terms and o	(This is optional) tion is correct and accurate conditions below.
Amount of Insurance:  Sender's Signature  I certify that the above informa and I have read the terms and of  UPS Terms and Conditions: You a packages or address corrections.	(This is optional) tion is correct and accurate conditions below.

parcels. In the event a parcel is lost or damaged, you must submit a claim to "Union Pack & Ship" 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/Union Pack & Ship responsible for the contents or its value. Union Pack & Ship 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:	