



SUNY DOWNSTATE Medical Center

FedEx Airbills:

Insert YOUR Name & Phone#.

Insert YOUR Acct# in "Billing Reference" field.

FedEx US Airbill Express **SAMPLE**

1 **From** Please print and press hard

Date _____ Sender's FedEx Account Number _____

Sender's Name _____ Phone () _____

Company **SUNY DOWNSTATE MEDICAL CENTER**

Address **400 CLARKSON AVE**

City **BROOKLYN** State **NY** ZIP **11203-2056**

2 **Your Internal Billing Reference**

Recipient's Name _____ Phone () _____

Company _____

Address _____

City _____ State _____ ZIP _____

0397895559

4a **Express Package Service**

FedEx Priority Overnight FedEx Standard Overnight FedEx First Overnight

FedEx 2Day FedEx Express Saver FedEx 2Day Freight

FedEx 1Day Freight FedEx 2Day Freight FedEx 3Day Freight

5 **Packaging**

FedEx Envelope FedEx Pak FedEx Tube FedEx Box Other

6 **Special Handling**

SATURDAY Delivery HOLD Location HOLD Saturday at FedEx Location

7 **Payment**

Sender Recipient Third Party Credit Card Cash/Check

8 **Residential Delivery Signature Options**

No Signature Direct Signature Indirect Signature

- Write **CLEARLY**. Use Ball Point Pen & **penetrate all airbill copies**.
- All Affiliates have been given a unique reference number (Call Mail Services Supervisor X-1175 if you don't know yours).
- Personal shipments use Ref # = 90084501B. Items will NOT be sent out until Bursar receipt is presented.

State Accts: Use Your Depts full 8 digit acct# (no dashes).
CALL YOUR DEPT HEAD IF YOU DON'T KNOW YOUR 8 DIGIT ACCT#

RF Grant Accts : Use full 14 digit Acct# PPPPPPPTTAAAAA
P=Project#, T=Task#, A=Award#

Same applies to State and RF Reqs for meter postage services (certified, large mailings, etc..). For State Accounts Use full 8 digit State acct# in the "charge to" section.