**2017 UPS In-Kind Request Consideration**

This form must be completely filled out in order to be considered for in-kind shipping.

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| **Date of Request:**  |
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**Requesting Organization Information:**

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| **Name of the 501(c)(3) organization that is registered and their EIN**  |
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**MANDATORY**; How many served – over what period

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| **Explanation of what the requested services will support: Please include # of people served, fed, clothed, sheltered, supported, etc. Also include over what time period. This information is essential for UPS to prioritize in-kind shipments. If left blank we will have to decline request. Do not list # pallets here, list QTY of items.****Example: *We will be shipping 500,000 water purification tablets that will provide clean drinking water for 10,000 people for 1 month.***  |
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| **Requestor information:** |
| Contact Name: |  |
| Telephone Number: |  |
| Telephone Extension: |  |
| E-mail address: |  |

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| **Transport Mode Recommended or Required:** |
| Air, Ocean or Surface: |  |
| Service Requested for Ocean (door to door, door to port, port to door, port to port,  |  |
| Service Requested for Air Freight (door to door, airport to door, airport to airport) |  |

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| **Timing:** |
| Shipment requested pick-up date: |  |

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| **Description of commodity being shipped: highlighted areas are required fields** |
| Item(s) description: |  |
| Shipment Characteristics |  |
| Total Shipment Weight(specify pounds or kilos) |
| If palletized, Pallet Count and Dimensions (Length, Height, & Width – specify inches or meters) |
| If loose, Carton Count and Dimensions (Length, Height, & Width – specify inches or meters) |
| Special or additional care or attention in handling or stowing i.e., **hazmat or cold chain** |  |

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| Is Dock available for loading at both pick-up and delivery locations |  |
| Fair market value of commodity |  |

**Pickup Information**

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| **Pickup address if local shipment pickup at origin is required:**  |
| Organization Name: |  |
| Contact Name: |  |
| Telephone Number: |  |
| Telephone Extension: |  |
| E-mail address: |  |
| Street Address: |  |
| Room; Floor; Office:  |  |
| City: |  |
| State: |  |
| Country: |  |
| Postal Code: |  |

**Delivery Information**

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| **Delivery address if shipment local door delivery is required:**  |
| Organization Name: |  |
| Contact Name: |  |
| Telephone Number: |  |
| Telephone Extension: |  |
| E-mail address: |  |
| Street Address: |  |
| Room; Floor; Office:  |  |
| City: |  |
| State: |  |
| Country: |  |
| Postal Code: |  |

Other required information:

**The UPS Foundation does not cover taxes and duties for in-kind shipping.** Your organization will need to supply their tax exemption letter or pay the required taxes to allow your goods to pass through customs.

Please note that other information such as an invoice PDF and a Shipper Declaration PDF will also be required if your In-Kind request is approved. Please be ready to supply these documents.

Are you a UPS customer? Do you have a UPS shipping account? If so please list your UPS shipper number; it will be a six digit combination of alpha and numeric characters.

Would you be interested in setting up a UPS discounted shipping program for your domestic and international small package needs designed specifically for Non-profits? This would allow you to ship world-wide at very reasonable rates.

\*COMMERCIAL INVOICES / P.L. MUST BE RECEIVED 2 BUSINESS DAYS PRIOR TO SAIL DATE OR CONTAINERS MAY NOT BE LOADED, OR FINES MAY BE IMPOSED FOR LATE FILING. THIS IS A U.S. CUSTOMS REGULATION WITH WHICH UPS FREIGHT SERVICES MUST COMPLY.