



**UPS Next Day Air®  
UPS Worldwide Express®**

**Shipping Document**

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**TRACKING NUMBER** J462 232 3133

**1 SHIPMENT FROM**

SHIPPER'S UPS ACCOUNT NO. **R 18033**

REFERENCE NUMBER

NAME **Jose' A. Rivera** TELEPHONE **(787) 977-5842**

COMPANY **USEPA**

STREET ADDRESS **#48 Road 165 Ste 7000**

CITY AND STATE **Guaynabo, P.R.** ZIP CODE **00968**

**2 EXTREMELY URGENT DELIVERY TO**

NAME **Karen Maples** TELEPHONE **(212) 637-3247**

COMPANY **USEPA Region 2**

STREET ADDRESS **290 Broadway, 16<sup>th</sup> Floor**  Residential Delivery

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) **New York, NY** ZIP CODE **10007-1866**  
**3452**



<b>3</b>	WEIGHT	LTR	PAK	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE	<b>4</b>	SHIPPER RELEASE	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
<b>5</b>	TYPE OF SERVICE	<input type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> EXPRESS (INT'L)		CHARGES			
		FOR INTERNATIONAL SHIPMENTS \$ CUSTOMS VALUE <input type="checkbox"/> DOCUMENTS ONLY				\$			
<b>6</b>	OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP See instructions.		<input type="checkbox"/> SATURDAY DELIVERY See instructions.		\$			
		<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE For declared value over \$100, see instructions.		\$ AMOUNT		\$			
		<input type="checkbox"/> C.O.D. If C.O.D. enter amount to be collected and attach completed UPS C.O.D. tag to package.		\$ AMOUNT		\$			
<b>7</b>	ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.					\$		
<b>8</b>		METHOD OF PAYMENT						\$	
		BILL SHIPPER'S ACCOUNT NUMBER <input type="checkbox"/>	BILL RECEIVER <input type="checkbox"/>	BILL THIRD PARTY DOMESTIC ONLY <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	American Express Diner's Club MasterCard Visa		CHECK <input type="checkbox"/>	
		IN SECTION 1		RECORD ACCOUNT NO. IN SECTION 9					
<b>9</b>	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.							EXPIRATION DATE	
THIRD PARTY'S COMPANY NAME									
STREET ADDRESS									
CITY AND STATE									
ZIP CODE									
<b>10</b>	SHIPPER'S SIGNATURE <b>X Jose' A. Rivera</b>							DATE OF SHIPMENT <b>10/12/2020</b>	

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