

SUPPLEMENTAL SHIPPING ORDER FORM (FEDEX)

FEDEX Shipping Information

Company/Unit:

Attention Line:

Street Address:

State, Country, Zipcode:

Ship-to DoDAAC:

Phone:

E-Mail:

Label Quantity: _____

Shipping Method: **FEDEX**

Requested Date: _____

FORMAT EXAMPLE:

LRC-A LEAD

ATTN: John Doe

BLDG 1 North, 1 Overcash Ave.

PA, USA, 17201-4150

DoDAAC: WXZYAA

PHONE: (717) 267-5106

E-MAIL: john.b.doe3.civ@army.mil

AML D FORM 4085 (APR 2022)

SUPPLEMENTAL SHIPPING ORDER FORM: (APO)

Shipping Information

Full Name:

Unit Designation:

APO & Zipcode:

Ship-to DoDAAC:

Phone:

Email:

Label Quantity: _____

Shipping Method: **APO**

Requested Date: _____

FORMAT EXAMPLE:

SGT. JOHN SMITH

UNIT 2340 BOX 132

APO AE 09350

AML D FORM 4085 (APR 2022)