

Packing List

DATE: _____

TO

FROM

SHIP DATE: _____

SHIP VIA: _____

F.O.B. SHIPPING POINT: _____

ACCOUNT NO.: _____

ORDER NO.: _____

DEPARTMENT: _____

TERMS - NO ANTICIPATION

QUANTITY ORDERED	QUANTITY SHIPPED	PRODUCT NUMBER	DESCRIPTION	UNIT WEIGHT	TOTAL WEIGHT	TOTAL CUBIC FT.
		TOTALS		TOTALS		

COMMENTS

COMMENTS	