Packing List

Date: _____

TO	FROM	SHIP DATE:
		SHIP VIA:
		FOB SHIPPING POINT:
		ACCOUNT NO.:
		ORDER NO.:
		DEPARTMENT:

TERMS

QTY ORDERED	QTY SHIPPED	PRODUCT NUMBER	DESCRIPTION	UNIT WEIGHT	TOTAL WEIGHT	TOTAL CUBIC FT.
				Total	0	0

NOTES