Company Name
PACKING LIST ORDER

DATE: _____

TO
_____
_____
_____
_____
_____

FROM
_____
_____
_____
_____
_____

SHIP DATE: _____
SHIP VIA: _____
F.O.B. SHIPPING POINT: _____
ACCOUNT NO.: _____
ORDER NO.: _____
DEPARTMENT: _____

TERMS

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

COMMENTS