

Short Form of Bill of Lading

Carrier: _____
 Bill of Lading #: _____
 Order #: _____
 Shipper/Consignor: _____

Date: _____
 PO #: _____

Consignee: _____

Instructions: _____

Item Code	Details	Quantity	Weight (Unit)
Total			

Terms Prepaid Collect Other

Shipper: Pick Up Date: _____

Carrier: Pick Up Date: _____

Signature: _____

Signature: _____

This section is to make it sure that all materials are properly classified, described, packaged, marked and labeled and are in good condition to be transported and according to the applicable regulations of transporting department.

Carrier acknowledges receipt of packages and that they are properly described as above and are in good order except as noted.

Received in Apparent Good Order

Received By: _____ (Signatures)
 Print Name Here: _____
 Date: _____