PACKING SLIP

Order #0000

Your Company Name Here
Your Street
Your Town
Your Phone

Sold to: _____

_____

_____

Ship to: _____

_____

_____

Customer Order No.	Date Shipped	Shipped Via	Our No	Salesperson
Quantity Ordered	Quantity Shipped	Quantity Back Ordered	Stock Numbered	Description
#Cartons	Total Weight	Order Complete	Balance to Follow	Checked by

Received in Good Condition by:	Date:

Please notify us immediately if an error is found in shipment