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

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