

PACKING LIST

SHIPPER			
	Invoice No:	Page ____ of ____	
	Invoice Date:	Ship Date:	
		File Number:	
CONSIGNEE:		BILL TO:	
SHIPMENT INFORMATION			
Customer PO No:	Letter of Credit No:	Mode of Transportation:	
PO Date:	Currency:	Transportation Terms:	
Ref No:	Payment Terms:	Number of Packages:	
AWB/BL No:	Incoterms Desc.:	Gross Weight(Kg):	

QUANTITY	DESCRIPTION	UNIT

	NO. PKGS	GROSS WEIGHT LBS KGS	NET WEIGHT LBS KGS
TOTAL:			