PACKING LIST

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

Your Custom Logo Here

DATE

PAGE

BILL TO:

SHIP TO:

PURCHASE ORDER NO.	CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS	REQ'D SHIP DATE	MASTER NUMBER

QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	ITEM NUMBER	DESCRIPTION	SITE	U OF M

Thank You