

## Delivery Receipt

Carrier Name

Address

City State Zip

Truck No. \_\_\_\_\_

Date of Shipment

Shipper's Reference No.

Our Reference No.

## Shipper

**Consignee**

Name \_\_\_\_\_

Phone

Address

City/State/Zip

Name \_\_\_\_\_

Phone

Address

City/State/Zip

[illegible]

Total PCs.	Total Weight
1	1
2	2
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100	100

Loaded By	Date
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Received By	Date
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[illegible]

Total PCs.

Unloaded By	Date

Received By	Date
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