

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
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TOTAL: