



YOUR COMPANY NAME

STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

PACKING LIST

DATE	ORDER NO.	PAGE

DESCRIPTION		JOB NUMBER	ORDER DATE	CUSTOMER ORDER NO.	SHIPPING INSTRUCTIONS

CURRENT ORDER QTY.	QUANTITY SHIPPED	UNIT	STOCK NUMBER BIN LOCATION	DESCRIPTION

TOTAL NO. OF BOXES: _____

TOTAL WEIGHT: _____

PACKED BY _____

SIGNATURE _____