

YOUR COMPANY NAME
STREET ADDRESS
CITY, STATE ZIP CODE
PHONE NUMBER

BILL OF LADING

DATE	ORDER NO.	PAGE

DESCRIF	PTION	JOI NUME	ORDER DATE	OMER ER NO.	SHIPPING INSTRUCTIOI	
				1		
CURRENT ORDER QTY.	QUANTITY SHIPPED	UNIT	STOCK NUMBER BIN LOCATION		DESCRIPTION	

-	TOTAL NO. OF BOXES:
	TOTAL WEIGHT:
_	PACKED BY