



**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 \_\_\_\_\_