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	GROSS WEIGHT KGS	NET WEIGHT LBS	NET WEIGHT KGS
TOTAL:				