PACKING SLIP

Your company name _____

Address _____

City, state, ZIP _____

Phone or email _____

Order number	
Order date	
Ship date	
Customer PO	

SHIP TO

Name _____

Address _____

City, state, ZIP _____

Contact _____

BILL TO

Name _____

Address _____

City, state, ZIP _____

Contact _____

Carrier and service _____ Tracking number _____ Package _____

#	SKU	DESCRIPTION	ORDERED	SHIPPED	BACKORDERED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTES

Total ordered	
Total shipped	
Backordered	
Cartons	

Packed by _____ Checked by _____

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