Company Name

Shipping Order

Company Name	Ship To
Address	Address
City, State, Zip	City, State, Zip

Date	Date Required	Terms	Shipped Via	Purchase Order #

Item #	Quantity	Back Order	Description	Qty. Delivered

Packed By	Checked By	Carton - Packages	Total Weight	Date Packed

Received By	Date

Address Line 1, Address Line 2
Phone: (123) 456 7890 Fax: (123) 456 7899
name@company.com