

DELIVERY ORDER

		Date:	File Number:
Flight / Voyage:	Way Bill Number:	Destination:	Prepared By:
Pickup Location:		Deliver to (Name and Address):	
Telephone:		Telephone:	
Shipper (Name and Address):		Consignee (Name and Address):	

MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT
	PIECES		VOL WEIGHT	WEIGHT
TOTAL ▶				

DELIVERING CARRIER:

AGENT NOTE:
YOU ARE SIGNING FOR:

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED BY (PLEASE PRINT) _____

DATE: _____ TIME: _____