FREIGHT SHIPPING MANIFEST / INVOICE

Carrier Name:
Address:
Contact:

INVOICE # _____

DATE _____

BILL OF LADING # _____

SHIPPER (CONSIGNOR)

CONSIGNEE (RECIPIENT)

ORIGIN PORT/TERMINAL
DESTINATION PORT/TERMINAL
VESSEL / VOYAGE / RAIL CAR #

Container/Seal #	Description of Goods	Weight (KG/LB)	Quantity	Hazardous (Y/N)	Amount
				Subtotal	
				Fees/Tax	
				TOTAL DUE	

SPECIAL INSTRUCTIONS / REMARKS

Shipper Signature

Carrier/Driver Signature

Date of Receipt