LOGISTICS MANIFEST

Invoice # _____

[Company Name]
[Street Address]
[City, State, Zip]

CONSIGNOR (SHIPPER)

_____
_____
_____

CONSIGNEE (RECIPIENT)

_____
_____
_____

TRANSPORT DETAILS

Carrier: _____
BOL #: _____
Mode: [ ] Air [ ] Sea [ ] Road

SHIPMENT DATES

Departure: _____
Est. Arrival: _____

SKU/Item ID	Description of Goods	Qty	Weight	Unit Price	Total

SKU/Item ID	Description of Goods	Qty	Weight	Unit Price	Total

Subtotal: $0.00
Freight/Handling: $0.00
Insurance/Tax: $0.00

Amount Due: $0.00

Terms: Net 30. Please include invoice number on all remittances.

Released By: _____
Received By: _____