

SHIPPING INVOICE

[Manufacturing Co. Name]
[Street Address]
[City, State, Zip]
FEID: [00-0000000]

Invoice #: _____
Date: _____
P.O. #: _____
Ship Date: _____

BILL TO

[Customer Name]
[Billing Address]
[City, State, Zip]
[Phone/Email]

SHIP TO

[Recipient Name]
[Shipping Address]
[City, State, Zip]
Carrier: [Freight/LTL/Ground]

SKU / Part #	Description of Goods	Quantity	Unit Price	Total

Subtotal: \$0.00
Shipping & Handling: \$0.00
Tax: \$0.00

Total Due (USD): \$0.00

NOTES & COMPLIANCE

Goods manufactured in accordance with [Standard/ISO]. Terms: Net [30]. Late fees apply after due date. Receiver must report shipping damage within 48 hours of delivery.

Authorized Signature: _____ Date: _____