|  |  |
| --- | --- |
| Packaging Slip | Date: [Enter a date] |
| [Your Company Name][Street Address][City, ST ZIP Code][Phone]Fax [000.000.0000][e-mail] | Ship To | [Name][Company Name][Street Address][City, ST ZIP Code][Phone]Customer ID [ABC12345] | Bill To | [Name][Company Name][Street Address][City, ST ZIP Code][Phone]Customer ID [ABC12345] |
| Order Date | Order Number | Job |
|  |  |  |
|  |
| Item # | Description | Quantity |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |