

Company name

Address

VAT no

Phone no.

Fax

email

Consignee

DELIVERY ADDRESS:

Idem

PACKING LIST NR. **DATED** dd/mm/yyyy

CODE	DESCRIPTION	UM	Q.TY	U.NET W.KG	U.GROSS W. KG	UNIT PACKAGE DIM. cm	UNIT Cbm
		.					
		.					
		.					
		.					
		.					
		.					
		.					
		.					
		.					
		.					

TOTAL PACKAGES:

TOTAL NET WEIGHT KG.:

TOTAL VOLUME Cbm:

TOTAL GROSS WEIGHT KG.: