

Bill of Lading



Date _____
 Bill of Lading # _____
 Purchase Order # _____

Shipper

Consignee

Pieces	Description	Weight
Total		

Shipper Signature	Time	Date

Received in Good Condition Except As Noted	Driver's Signature	\$C.O.D Amount
	X	YES / NO

Freight Charges to be paid By:	Special Instructions:
<input type="checkbox"/> Shipper	
<input type="checkbox"/> Consignee	
<input type="checkbox"/> Other	Bill To: