Document Shipping Order

То		Date
	Mail Room	Juic
	IVIAII NOUIII	
		Job Number
From		
		Cost Center
Consignee		
Street Address (No P.O. Box)		
City		
Country		
Tel No.		
Fax No.		
Description of Contents		
Name Project Manager /		
Department Manager		
Signature		
	To be filled in by Mailroom	
Shipped Via		
Weight		
Airway Bill No. / Bill of Landing		
-		
Date		

RB13002.doc