Date: _____ Ordered By: _____ Order #_____

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

Time:_____ Faxed:

Bill To: _____ Ship To: _____

_____ _____

_____ _____

Phone:_____ Phone:_____

Labels- Yes_____ No_____ Done_____ Bill of Lading- Yes _____ No_____ Done_____

Pull/ Packing Slip- Yes_____ No _____ Done _____ Invoice- Yes_____ No_____ Done_____

Allocation- Done _____ Comments-_____

#	CS	QTY ORD	QTY SHP	SZ	PLANT VARIETY	QA	BOX	DSS	DS	SL	TRY	ROW	SP $
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													