



SHIPPING INSTRUCTIONS MANIFEST

Transaction Number:
Date:

Shipper No.:

Shipper:

Reference Numbers	No. of Pieces	Consignee	Type of Service	Delivery and Special Handling
			<input type="checkbox"/> Saturday <input type="checkbox"/> Next Day <input type="checkbox"/> Next Day AM <input type="checkbox"/> 2 nd Day <input type="checkbox"/> 3 rd Day <input type="checkbox"/> Ground Carrier: Note:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect ACCT.# <input type="checkbox"/> Consignee Billing <input type="checkbox"/> COD: \$ <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Insurance: \$
			<input type="checkbox"/> Saturday <input type="checkbox"/> Next Day <input type="checkbox"/> Next Day AM <input type="checkbox"/> 2 nd Day <input type="checkbox"/> 3 rd Day <input type="checkbox"/> Ground Carrier: Note:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect ACCT.# <input type="checkbox"/> Consignee Billing <input type="checkbox"/> COD: \$ <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Insurance: \$
			<input type="checkbox"/> Saturday <input type="checkbox"/> Next Day <input type="checkbox"/> Next Day AM <input type="checkbox"/> 2 nd Day <input type="checkbox"/> 3 rd Day <input type="checkbox"/> Ground Carrier: Note:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect ACCT.# <input type="checkbox"/> Consignee Billing <input type="checkbox"/> COD: \$ <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Insurance: \$
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Total Pieces:

Total Insurance:\$