



ORDER/ PACKING SLIP

Invoice #: Checked:

CUSTOMER NAME:		NUMBER OF PARCELS
DELIVERY ADDRESS:		
ATTENTION : Teacher / Department		

ORDER NUMBER	DATE RECEIVED	DESPATCH DATE	PICKED BY	CHECKED BY	PACKED BY	DELIVERY METHOD

PRODUCT DESCRIPTION	SIZE	ORDER QTY	SUPPLY QTY	✓	Box #	UNIT PRICE inc.	TOTAL
FREIGHT							
TOTAL							

B/O – Goods placed on Back Order to be supplied as soon as new stock arrives. N/A - No Longer Available
Please notify us immediately if there are any problems with your order.
We thank you for your order