Date:______________

SHIPPING MANIFEST

Page:__

Master / Bill of Lading #: ___________

From: ____________________________
____
____
____

Ship To: ________________________________
____
____
____

Carrier Name: ____________________

CID #: ________________________________

Special Instructions:

Distribution Center: NSC

STORE#	STORE ABBREVIATION	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT	CUBE (Optional)	SHIPPER REF. NUMBER