

# Company Name

# PACKING SLIP

Street Address  
City, State, Zip Code  
Phone: (123) 456-7890  
Fax: (123) 456-7890  
Website: www.myaccountingcourse.com

Date   
Invoice #   
Customer ID

## Bill To:

Customer Name  
Street Address  
City, State, Zip Code  
Phone

## Ship To:

Customer Name  
Street Address  
City, State, Zip Code  
Phone

Order Date:	Order Number:	Invoice Number:	Contact:
12/31/16	2098	2.83943E+11	Steve

Item #	Description	QTY Ordered	QTY Shipped
12	Product #1	50	23
Total:		50	23

## Other Information:

Shipping and Return Information Here

Please let us know if you have any questions. We are here to help!  
(Company Name and contact info here)

**Thank you for your business!**