

**LOGISTICS COMPANY NAME**  
1234 Warehouse Ave.  
City, State, ZIP  
Phone: (123) 456-7890  
Email: info@logisticsco.com

## DELIVERY ORDER

### Order Details

Order No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reference: \_\_\_\_\_

### Shipper

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_

### Consignee

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_

### Items Details

#	Description of Goods	Quantity	Unit	Weight (kg)	Remarks
1					
2					
3					

### Delivery Instructions / Remarks

### Prepared By

Name: \_\_\_\_\_

### Checked By

Name: \_\_\_\_\_

### Received By

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Name: \_\_\_\_\_

Date: \_\_\_\_\_