

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

Name: _____
Date: _____