

# Bill of Lading Delivery Record

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_

Deliver To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Delivery Receipt

Ship Date

Ship Via

Order Number

Qty. Ordered	Qty. Shipped		Description	Part Number

Received By: \_\_\_\_\_