

Worksheet

Using Forms

Skills: Text Use, Numeracy, Document Use
Profiled: Shipping & Receiving
Other Applications: All

Use the information on the previous page to fill out this bill of lading:

SMS Shipping
www.shippingmadesimple.com

BILL OF LADING

Date: _____

SHIP FROM

Name: _____
 Address: _____
 City: _____ Province: ____ PC _____
 Phone: _____

BOL Number:

Place Bar Code Sticker Here

X

SHIP TO

Name: _____
 Address: _____
 City: _____ Province: ____ PC _____
 Phone: _____

Instructions

Fragile
 Refrigerate
 Keep from Freezing
 Other _____

Payment

Shipper
 Recipient
 Third Party
 C.O.D.

PIECES	DESCRIPTION	WEIGHT	Identification Number

Total Pieces

Total Weight

Delivery Details:

Rec'd by: _____
 Date: _____ Time: _____
 Condition: _____

Shipping Use Only:

Method: _____ Date: _____
 Bill # _____ Shipped by: _____
 Ship \$ _____ Charge to: _____

COMMENTS: