TRANSMITTAL FORM

For Questions, call 651-636-4156

Bar Code Range

TO: (enter 6 digits)

ACCOUNT #	ACCOUNT NAME	DATE	PAGE #

BAR CODE # 6 digits	CONTENTS DESCRIPTION - 100 CHARACTERS MAX	DESTROY DATE

DELIVERY RECEIPT

I have checked the items listed and numbered

to

and acknowledge this is a true and complete list of the goods.

DELIVERY RECEIPT

I acknowledge this is a true and complete list of goods transmitted.

Customer: _____

Date _____

Driver _____ Date _____