




From:		Bill ?	To:		Bill ?	 Express Delivery 510-8166		
Delivery Instructions:			Date:	DELIVERY SERVICE		Service Charge:		
				<input type="checkbox"/> EXPRESS <input type="checkbox"/> 1 HOUR <input type="checkbox"/> 2 HOUR <input type="checkbox"/> 3 HOUR <input type="checkbox"/> OTHER		Weight	Mileage	Charge:
						Other:		Charge:
# Pieces	Description / Cost Center:					Total Charges:		
Shipped by:		Pick Up Time:	Received in Good Order by:		Delivery Time:	Driver:		
x			x			x		

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