

Package
Shipping
Receipt



Date: _____
Time: _____
SA: _____

To: _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____

Sender: _____ Room #: _____
Sender Phone #: _____
Sender Email Address: _____

PKG / Weight	Tracking #	Handling Fee
	1	\$
	2	\$
	3	\$
	4	\$
	5	\$
	6	\$

Total \$

Handling Fees	
1-20 lbs	\$5 each
21-49 lbs	\$15 each
50+ lbs	\$25 each
Skids / Crates	\$50 each

Carrier: UPS Airborne Fed-Ex DHL Courier
Priority Overnight Standard Overnight 2 Day 3 Day Ground

Please Circle Payment Type

Payment: AX VM MC DI DC CASH Room Charge Master (Name of Account Below)

Shipping/Master Account #

Credit Card #

Exp. Date

CNP#

Guest Signature: **X**

PA: _____