**SHIPPER LETTERHEAD**

**United States of America**

**Commercial Packing List**

PCFN:

Booking NO: (Carrier Booking Number)

Container Number/Container TCN:

Shipper From: Shipper To:

Transportation Office Consignee DODAAC

(Shipper/Agency Name) (Full Address of Consignee DODAAC)

(Shipper Address, City, State, Zip Code) POC Name and Phone Number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Commodity Description** | **Weight** | **Cube** | **Content TCN** | **Value** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | **NOTHING FOLLOWS** | **\*\*\*\*\*\*\*\*** | **\*\*\*\*\*\*\*\*** |  **NOTHING FOLLOWS** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |

The information provided above is true and correct in all details and has been provided on the Ocean Bill of Lading.

For the United States,

Transportation Officer Signature Block