SHIPPING MANIFEST

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| **MANIFEST NUMBER:** |  |
| **ATTACHED PAGE(S)?** | **YES NO** | **# OF ATTACHED** |  |
|  |  | **PAGES:** |  |

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| --- | --- | --- | --- | --- |
| **ACTUAL DATE AND TIME OF DEPARTURE:** | **/ /** |  |  | **AM PM** |
|  |
| **ESTIMATED DATE AND TIME OF ARRIVAL:** | **/ /** |  |  | **AM PM** |
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| **RECEIVER INFORMATION** |
| STATE LICENSE # | LAAA-3GAW-6CUU |
| TYPE OF LICENSE | Testing Laboratory |
| BUSINESS NAME | Sunrise Labs |
| DELIVERY ADDRESS | 2217 S Fretz Ave STE 110 |
| CITY, STATE, ZIP CODE | Edmond, OK 73013 |
| PHONE NUMBER | 405-920-6222 |
| CONTACT NAME |  |
| Contact Email |  info@sunriselabsok.com |

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| **SHIPPER INFORMATION** |
| STATE LICENSE # |  |
| TYPE OF LICENSE |  |
| BUSINESS NAME |  |
| BUSINESS ADDRESS |  |
| CITY, STATE, ZIP CODE |  |
| PHONE NUMBER |  |
| CONTACT NAME |  |
| Contact Email |  |
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| **TRANSPORT INFORMATION** |
| DRIVER'S NAME |  |  | PROPER CONTAINER | Y / N |
| OK DRIVER'S LICENSE # |  | TRANSPORTOR COMPANY |  |
| VEHICLE MODEL/MAKE |  |
| VEHICLE LIC. PLATE # |  | TRANSPORTER LICENSE# |  |
| PHONE NUMBER |  |

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| **PRODUCT SHIPPED DETAILS** |
| **BATCH NUMBER** | **ITEM NAME AND PRODUCT DESCRIPTION** | **QTY ORDERED** | **QTY RECEIVED** |
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| **PRODUCT REJECTION** |
| ***IF PRODUCTS ARE REJECTED, PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE*** |
| REASON FOR REJECTION: |  |
| **PRODUCT RECEIPT CONFIRMATION** |
|  **I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE.**  **I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED.****THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(S).** |
| NAME OF PERSON RECEIVINGAND/OR REJECTING PRODUCT: |  |  | PHONENUMBER: |  |
| SIGNATURE OF PERSON RECEIVINGAND/OR REJECTING PRODUCT: |  | DATESIGNED: |  |