

Package Delivery Billing Document

Date:

Document No.:

Sender Name:

Recipient Name:

Sender Address:

Recipient Address:

Contact Number:

Contact Number:

#	Package Description	Tracking Number	Weight (kg)	Delivery Type	Amount (\$)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount (\$):					<input type="text"/>

Authorized Signature: _____