

CONSOLIDATED AIR WAYBILL

AWB No. _____

Date _____

Shipper

Name: _____

Address: _____

City/Country: _____

Consignee

Name: _____

Address: _____

City/Country: _____

Issuing Carrier's Agent

Name: _____

Address: _____

City/Country: _____

Account Number

Airport of Departure	Airport of Destination	Flight/Date	Currency	Declared Value for Carriage	Declared Value for Customs
_____	_____	_____	_____	_____	_____

No. of Pieces	Gross Weight	Weight Unit	Commodity Item No.	Chargeable Weight	Rate/Charge	Total	Nature & Quantity of Goods	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Freight Charges

Prepaid: _____

Collect: _____

Other Charges

Prepaid: _____

Collect: _____

Handling Information

Signature of Issuing Carrier or its Agent

Signature of Shipper or his Agent