

Consolidated Air Waybill

Document Sample

AWB No.: _____Shipper (Name & Address):

_____Account Number:

_____Consignee (Name & Address):

_____Account Number:

_____Issuing Carrier's Agent Name & City:

_____Agent's IATA Code:

_____Airport of Departure

_____Requested Routing

_____Airport of Destination

_____Flight/Date

_____Currency

_____Declared Value for Carriage

| HAWB No. | Shipper | Consignee | Pcs | Gross Weight | Nature of Goods | Chargeable Weight |
|----------|---------|-----------|-----|--------------|-----------------|-------------------|
| | | | | | | |
| | | | | | | |

Weight Charge

_____Other Charges

_____Total

_____Shipper's Signature

_____Carrier or Agent's Signature

Note: This is a sample of a Consolidated Air Waybill (AWB) document. All fields are blank for demonstration purposes.