

# HOUSE AIR WAYBILL

No: XXXXX

**Shipper (Name and Address)**

**Consignee (Name and Address)**

**Issuing Agent (Name and Address)**

Airport of Departure	Airport of Destination	Flight(s) / Date	Currency	Declared Value for Carriage	Declared Value for Customs	Amount of Insurance

Marks & Numbers	No. of Packages	Description of Goods	Gross Weight	Measurement

Freight & Charges	Prepaid	Collect
Other Charges		

**Handling Information:**

**Accounting Information:**

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Signature of Issuing Carrier or Its Agent