

Cargo Acceptance Confirmation Slip

Slip Number: _____

Date: _____

Shipper Name: _____

Shipper Address: _____

Contact Number: _____

Consignee Name: _____

Consignee Address: _____

Contact Number: _____

Origin: _____

Destination: _____

Flight/Transport No.: _____

Description of Goods	Quantity	Weight (kg)	Volume (m³)	Remarks

Special Instructions:

Shipper/Authorized Signature

Cargo Acceptance Officer