

Empty Container Movement Advice Sheet

For Logistics Department Use

Container & Movement Details

Advice Sheet No.	Date
Container No.	Size/Type
Shipping Line	Seal No.
Pick-up Location	Drop-off Location
Pick-up Date & Time	Required Return Date

Truck & Driver Information

Truck/Trailer No.
Driver Name
Driver Contact

Internal Reference

Booking/Ref No.
Remarks

Instructions/Notes

Prepared By

Checked By

Received By