

Apparel Warehouse Pick and Pack Request Form

Request Date

Requested By

Department

Order Number

Customer Name

Shipping Address

Items to Pick and Pack

SKU	Description	Color	Size	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Instructions