

Cross-Docking Container Load-Slip Form

Container No.

Date

Origin Location

Destination Location

Transporter

Driver Name

Vehicle No.

Seal No.

Load Items

| Item Code | Description | Qty | Batch/Lot No. | Remarks |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

Loaded By

Checked By

Remarks