SHIPPING FORM

COMMUNICATIONS WORKERS OF AMERICA
AFFILIATED WITH AFL–CIO
501 THIRD STREET, N.W.
WASHINGTON, D.C. 20001

DATE _____ INVOICE NO. _____

I.D. / S.S. NO. _____

ORDERED BY: _____

ORDER RECEIVED (DATE) : _____

ORDER RECEIVED (PLEASE CHECK ONE) :

TEL. _____ FAX _____ MAIL _____ OTHER _____

MAIL INVOICE : YES _____ NO _____

PAYMENT RECD. (ENTER AMOUNT IF APPLICABLE) :

CHECK: _____ MONEY ORDER: _____

CASH: _____ CHECK NO. _____

CHARGE BUDGET COST CENTER: _____

PREPARED BY: _____

SHIP TO :

POSTMASTER : Contents, MERCHANDISE. This parcel may be opened for postal inspection if necessary. RETURN POSTAGE GUARANTEED.

QUANTITY	DESCRIPTION OF MATERIALS	PRICE PER UNIT	AMOUNT	REMARKS
DATE SENT _____ VIA _____		POSTAGE	$	