- For Office Use Only - Circle Container Used for Set of Items Below -

A B C D E F G H

(REVISED) SHIPMENT FORM -Manifest/Packing Slip 2018

Parish Twinning Program Sea Container – www.parishprogram.org

FROM (SENDER) (U.S.) Parish Twinning Program	**TO (HAITI ADDRESS): (Use parish address--not priest's P.O. Box address)**
Person/Parish: _____	***Person:*** _____
_____	***Parish/Church:*** _____
Address: _____	_____
City/St./Zip: _____	***City/Area/Diocese:*** _____ **Haiti W.I.**
Phone: _____	****Phone (cell if known):*** _____
E-mail: _____	***E-mail (if known):*** _____

Fill in: Category List column, Total Per Category column, Grand Total line, and Shipping Cost line (Make extra copies of this form if needed to list all categories; put number on all your pages; Grand Total below includes all items/forms) ****SEPARATE DIFFERENT TYPES OF THINGS INTO DIFFERENT BOXES**** **CATEGORY LIST OF CONTENTS OF BOXES (OR ITEMS)** *List items by category or type (ex. Medical supplies). If you wish, add the box numbers (such as "Medical supplies – Boxes #4 thru #9") and then put the total number of med supply boxes (in that example: 6) in right-hand column. Please try to use the category descriptions listed on our "Suggested Items To Send" page.*	**TOTAL OF BOXES OR ITEMS *PER CATEGORY***
GRAND TOTAL - NUMBER OF BOXES OR ITEMS ➔ ➔ ➔	
SHIPPING COST ***Based on cubic volume (see Shipping Cost Worksheet/rate)*** ➔ ***Make your check out to:*** **Parish Twinning Program Sea Container**	**$**

-Office Use-	*If mailing shipment to warehouse, call us.* **Attach form, check, & all labels to box #1. Mail to:**	*If delivering your items in person to warehouse, call us & BRING:*	*- For Office Use Only -*
# = Placement In Container; 1 = Deepest	**Parish Twinning Program Attention: Pat Rehovsky 201 Gils Street Smyrna, TN 37167 U.S.A.**	**1) Your check 2) This form/filled out *(Keep copies)* 3) Cost Worksheet if needed 4) Your boxes w/taped labels; box numbers written separately on boxes**	***(No tape here please)*** ***Put Haiti DIOCESE Sticker Here***

- For Office Use Only - **FORMULAIRE DE CONDUCTEUR OU LIVREUR:** *- For Office Use Only -*

NOMBRE D'ARTICLES DANS CE GROUPE CLASSÉ SUR CETTE LISTE REÇU PAR VOUS AUJOURD'HUI

REÇU PAR (CONDUCTEUR OU LIVREUR): _____ _____

DATE: *(jour)*_____ *(mois)*_____ *(année)*_____ *(écrivez votre nom de façon lisible)* *(votre signature)*