

PACKING LIST FOR HOUSEHOLD GOODS AND PERSONAL EFFECTS

Shipper Name: _____ Booking Number: _____

Consignee Name: _____ Port of Destination: _____

Quantity	Packing Type	Cargo Description	Value
TOTAL VALUE:			

Total Pieces: _____

Signature: _____ Date: _____

[Click to complete your Household Goods and Personal Effects Shipper's Letter of Instruction](#)

Please remit to Invoices@tropical.com or fax to 561-882-2555.

Revised: 09/2011