copy #1: for shipper copy #2: for carrier copy #3: for consignee

	copy #4: as signea conjirmation for snipper						
MEDECINS	WAYBILL (Freight Manifest)	Nr.:		pages of attached			
MEDECINS SANS FRONTIERES		(Year / Seq.nr. Date:	/ shipper-consignee)	packinglist			
Requested date of arrival:		То:	From:				
Fransport by: uir/sea/road/train/dhl/handcarried		Registration:	stration: Name driver / carrier:				

					•				
Colli	Vol.	Weight	Description of goods		Order reference	Remarks			
	(dm3)	(kg)							
			T T						
	<del> </del>	<u> </u>							
	<u> </u>	<u> </u>							
	<del>                                     </del>	<u> </u>	<u>                                     </u>	Estimated					
			Total	transport charges					
	<u> </u>		J Total	transport charges		<u> </u>			
			RECEPTION	REMARKS					
Missing									
Damaged:			Other remarks:						
			Shipper	Carrier	Consign	nee			
Name:			**						
Address	•								
2 1001000.									
Phone/fax:									
Date:									
Date: Signature:									