

See tracking number field on the right.

DATE	05/22/2021	BILL TO:		SHIP TO:		
INVOICE #	12649					
P.O. NUMBER	DROP SHIP P.O.	TERMS	SHIP DATE	CARRIER	SERVICE	CARRIER TRACKING #
			05/22/2021	FEDEX Moto	Ground	

Here is where I renamed the other field to carrier tracking number

Header	Columns	Footer	Print	
	Screen	Print	Title	
Default Title	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invoice	
Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Date	
Invoice Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Invoice #	
Bill To	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bill To:	
Ship To	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ship To:	
P.O. No.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drop Ship P.O.	
S.O. No.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P.O. Number	
Terms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Terms	
Due Date	<input type="checkbox"/>	<input type="checkbox"/>		
REP	<input type="checkbox"/>	<input type="checkbox"/>	Rep	
Account Number	<input type="checkbox"/>	<input type="checkbox"/>	Account #	
Ship Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ship Date	
Ship Via	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Carrier	
FOB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Service	
Project/Job	<input type="checkbox"/>	<input type="checkbox"/>	Authorized by.	
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Carrier Tracking #	
PO Bill To:	<input type="checkbox"/>	<input type="checkbox"/>	PO Bill To:	