

Proof of Delivery

oa-express

Submission Details

Driver

PRANESH CHANDRA

Vehicle

W06 (366909)

Updated At

December 13, 2024 9:22 AM PST

Submitted At

December 13, 2024 9:22 AM PST

Notes

Seal#63589150

Document Form Details

CONTAINER #

U98180

SHIP TO		CARRIER NAME: OA Express	
Customer Code: PETFOODWHS	Name: Pet Food Distribution Center #09205	Trailer number: U98180	Seal number(s): 63589150
Address: 4100 WILBUR AVE STE# 300,	City/State/Zip: OAKLEY, CA 94561	SCAC: OAEI	Pro Number:
SID#: _____	FOB: <input type="checkbox"/>	THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: _____	Address: _____	Freight Charge Terms:	
City/State/Zip: _____	Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>		
SPECIAL INSTRUCTIONS: Load #: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#
373378	300	7084.32	Y	N	06757163000966707	09205
372280	59	1999.31	Y	N	06757163000966691	09205
372279	564	18143.77	Y	N	06757163000966684	09205
Grand Total	923	27227.40				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	Pallet			1400.00		Pallet		70
		923	ctns	27227.40		Pet Accessories or Furniture	2071	300
28				28627.40		Grand Total		

Seal in Back

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> <i>ca 12/12/24</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guide book or equivalent documentation in the vehicle.</small> <i>Eddie Davidson</i>	

Montana