

Proof of Delivery

oa-express

Submission Details

Driver

KAVON HANDY

Vehicle

W04 (361625)

Updated At

March 5, 2025 9:43 AM PST

Submitted At

March 5, 2025 9:43 AM PST

Notes

N/a

Document Form Details

CONTAINER #

U98180

Bill Of Lading

Date: 3/4/2025 12:49:17 PM

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991

SHIP TO
 Name: Pet Food Distribution Center #09205
 Address: 4100 WILBUR AVE STE# 300, OAKLEY, CA 94561
 City/State/Zip: OAKLEY, CA 94561
 Dept: _____
 Name: _____
 Address: _____
 City/State/Zip: _____

FOB:

SPECIAL INSTRUCTIONS:
 Packing List is Attached

Bill of Lading Number: 06757163000996711

(402)06757163000996711

CARRIER NAME: OA Express

Responsible Acct No: _____

Trailer number: U98180

Seal number(s): 69589467

SCAC: OAEI

Pro Number: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: _____

(check box) Master Bill of Lading: with attached underlying Bills of Lading

3rd Party: _____

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

THIRD PARTY FREIGHT CHARGES BILL TO:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
376102	346	7295.40	Y N	
Grand Total	346	7295.40		

CARRIER INFORMATION

COMMODITY DESCRIPTION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	Commodity Description <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
26	Pallet		1300.00		Pallet		
	346	ctns	7295.40		Pet Accessories or Furniture	2071	300
Grand Total	26	346	8595.40				

(26) Door 108
 John C
 3-5-25

7:05-9:35

Where the rate is dependent on value, shippers are required to stated 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: Prepaid:

Customer check acceptable:

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
 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.
 _____ 3/4/25

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

SHIPPER SIGNATURE _____

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the emergency response guidebook or equivalent documentation in the vehicle.