



SHIP FROM		Bill of Lading Number: 06757163000705993	
Name: E & E COMPANY LTD		 (402)06757163000705993	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: USF REDDAWAY	
SID#: _____		Responsible Acct.No: _____	
PHONE: _____		Trailer number: 530658	
VENDOR: _____ FOB: <input type="checkbox"/>		Seal number(s): _____	
SHIP TO		SCAC: RETL	
Name: DOLGEN - BETHEL DC Location #: 96100		Pro Number: 7425803380	
Address: 30 Martha Dr			
City/State/Zip: Bethel, PA 19507			
CID#: _____			
Dept: 00 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid: _____ Collect: X 3rd Party: _____	
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: _____		Appointment: 07/16/21	
SPECIAL INSTRUCTIONS: Packing List is Attached		790 742-580338-0  Time AM PM SHIPPER BOL	

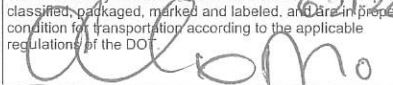
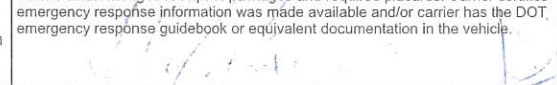
CUSTOMER ORDER INFORM				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	
1NC6B4	75	222.75	Y	N
Grand Total		75	222.75	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		75	ctns	222.75		Assorted Products of Different Class and NMFC No.	49390 Sub 4	100
1		75		272.75		Grand Total		

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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. <div style="text-align: right;">Shipper Signature</div>
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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. 	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 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT, emergency response guidebook or equivalent documentation in the vehicle. 
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Order No.: 6728041 Order Date: 06/10/2022 Customer: DOLGEN - BETHEL DC Customer PO No.: 1NC6B4

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

DOLLAR GENERAL
CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:

DOLGEN - BETHEL DC
30 MARTHA DR
BETHEL, PA 19507
US

Shipping Date:

06/21/2022

Shipment No.:

300070599

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	900	75	900	75

Total Weight: 222.75
 Total Quantity Ordered: 900
 Total Cartons Ordered: 75
 Total Quantity Shipped: 900
 Total Cartons Shipped: 75