

PO#: 6846436

Ship Date: 12 - 18 - 2022

Total Cartons: 5

Total Units: 15

Pallet#: 1 OF 1

Item Desc.: Isobelle Shower Curtain



(00) 1 0675716 800283234 7

Customer PO No.	E&E SO No.	Batch No.	Loc	Routing No.	Item No.	Item Description	Item Type	Pallet ID	PL Pallet	Carton No.	Carton ID	Ship To	Case Pack Qty
6846436	6875006	820221213173405	SV3	R202212150813229	MCH70-1689	Isobelle Shower Curtain	Standard	00106757168002832347		0688201930	00006757166882019301	0002	3
6846436	6875007	820221213173405	SV3	R202212150813229	MCH70-1689	Isobelle Shower Curtain	Standard	00106757168002832347		0688201931	00006757166882019318	0003	3
6846436	6875012	820221213173405	SV3	R202212150813229	MCH70-1689	Isobelle Shower Curtain	Standard	00106757168002832347		0688201934	00006757166882019349	0064	3
6846436	6875013	820221213173405	SV3	R202212150813229	MCH70-1689	Isobelle Shower Curtain	Standard	00106757168002832347		0688201935	00006757166882019356	0076	3
6846436	6875019	820221213173405	SV3	R202212150813229	MCH70-1689	Isobelle Shower Curtain	Standard	00106757168002832347		0688201941	00006757166882019417	0202	3

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 1/17/2023 1:26:36 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 33954231

Department/Vendor: 602/935

## Check Summary

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Check Number: 2264340

Check Date: 1/11/2023

Reason Code: 66 ASN VND/UNUSABLE GS1 128 LABEL

Purchase Order Number: 6846436

## Transaction Summary

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Transaction Type: 979 - DM-ST-DISTRIBUTION EXPENSE OFFSET

Total Cost: (\$25.5)

## Violation Summary

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Vendor Name: E & E CO LTD/JLA HOME

Issued By: SECAUCUS

Purchase Order: 6846436

Bill of Lading: 6757168000853132

MSID:

Receipt Number: 3176118

Receipt Date: 01/05/2023

Freight Bill: 19293101

VIO Number	Violation	Qty	UOM	Amount
655	Unusable GS1 128 label	3	Carton	\$25.50

Comments: 00006757166882019301 : Different 20digit Codes on Ctn : <http://exo/Default.aspx#/USER201107/ImagePath?OutputId=1590488D-43EC-4275-8928-9A7B4DA00B07,2c> ,Secaucus Small

This is an Expense Offset for failure to meet Macy's Vendor Standards

claimID	viocode	image (click image to enlarge)
33954231	655	



Date: 12/21/2022 3:49:59 PM

# Master Bill Of Lading

Page 1 of 3

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000854955	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: FedEx Freight Economy	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	1124 Elon Place	Trailer number:	6218
City/State/Zip:	High Point, NC 27260	Seal number(s):	
SID#:		SCAC: FXNL	
		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 00051416319S		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM



CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6846436	1	5.28	Y	N	06757168000853163	TU	
6846436	1	5.28	Y	N	06757168000853057	AZ	
6848900	11	127.49	Y	N	06757168000853255	ST	
6848900	1	13.21	Y	N	06757168000853187	BA	
6846436	2	10.56	Y	N	06757168000853149	ST	
6846436	1	5.28	Y	N	06757168000853156	SW	
6846414	5	26.40	Y	N	06757168000853309	WJ	
6846436	2	10.56	Y	N	06757168000853064	BA	
6846436	4	21.12	Y	N	06757168000853071	CI	
6848900	3	31.71	Y	N	06757168000853200	CL	
6848900	3	33.69	Y	N	06757168000853248	SC	
6850825	9	101.07	Y	N	06757168000853286	OK	
6846436	8	42.24	Y	N	06757168000853125	JP	

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:  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.

**Trailer Loaded:**  
 By Shipper  
 By Driver

**Freight Counted:**  
 By Shipper  
 By Driver/pallets said to contain  
 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.

12/21/22 28352-1  
 XG118

Date: 12/21/2022 3:49:59 PM

## Master Bill Of Lading

Page 2 of 3

<b>SHIP FROM</b>				Master Bill of Lading Number: 06757168000854955		
Name:	E & E COMPANY LTD					
Address:	311 International Trade Pkwy					
City/State/Zip:	Port Wentworth, GA 31407					
SID#:	FOB: <input type="checkbox"/>					
<b>SHIP TO</b>				CARRIER NAME: FedEx Freight Economy		
Name:	Macys /Bloom Consolidation Center	DC#:		Trailer number: 6218		
		Div.		Seal number(s):		
Address:	1124 Elon Place			SCAC: FXNL		
City/State/Zip:	High Point, NC 27260			Pro Number: 8174624780		
SID#:	FOB: <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				Freight Charge Terms:		
Name:				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:				Appointment Time	Actual Driver Arrival Time	Driver Departure Time
<b>SPECIAL INSTRUCTIONS:</b>				AM	AM	AM
Load #: 000514163195				PM	PM	PM
<b>CUSTOMER ORDER INFORMATION</b>						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
6846436	5	26.40	Y	N	06757168000853132	SC
6848900	4	50.86	Y	N	06757168000853262	SW
6846414	23	121.44	Y	N	06757168000853293	AZ
6848900	3	39.63	Y	N	06757168000853224	HU
6848900	2	24.44	Y	N	06757168000853170	AZ
6846436	4	21.12	Y	N	06757168000853088	CL
6846436	1	5.28	Y	N	06757168000853095	DV
6848900	3	37.65	Y	N	06757168000853231	JP
6848900	5	62.09	Y	N	06757168000853217	HA
6846436	3	15.84	Y	N	06757168000853101	HA
6846436	3	15.84	Y	N	06757168000853118	HU
6848900	12	144.66	Y	N	06757168000853194	CI
6850825	22	247.06	Y	N	06757168000853279	AZ

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:  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

**SHIPPER SIGNATURE / DATE**

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**Trailer Loaded:**

- By Shipper  
 By Driver

**Freight Counted:**

- By Shipper  
 By Driver/pallets said to contain  
 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.