

Claim is for damage per form below.


OS&D Form						
<b>Shortages &amp; Damages</b>						*Date: 1/27/23
						*PO #: 50211632
						*VENDOR #:
						*VENDOR #:
						*CARRIER: Uber Freight
						*Reason Code: 4
						*Final Disposition:
ASN # 48						
*PSPD Item # 684434	*UPC: 750683024018	*Total Cases: 1	*Case Quantity: 2	*Total Quantity: 2	*Description: 35x26 Mocha/Tan Cuddler	
COMMENTS:						
Reason Codes: Record appropriate number in the Reason Code # column above: 1. Overage (Unable to Receive) 2. Received Overage (Variance) 3. Shortage 4. Damage 5. Case TV Description Issue 6. Item not on ASN 7. Invalid UPC						
*Always double check any information documented on this form to ensure accuracy. Any questions regarding the correct completion of this form should always be addressed prior to submission of this document. Failure to accurately record and document information disclosed on this form can and will lead to the issuance of disciplinary action. All overage and shortage must be checked by Team Leader.						
*Final Disposition to be filled out by the IC department only after contacting the buyer						
*PSPD Associate:						
Overages						
*PSPD Item # 584433	*UPC: 750683024601	*Total Cases: 1	*Case Quantity: 4	*Total Quantity: 4	*Description: 24x25 Mocha/Tan Cuddler	*Reason Code: 2 extra

# PET SUPPLIES PLUS

Pet Supplies Plus - ME 850845954

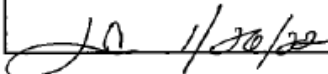
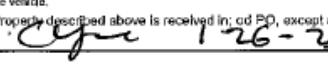
Minus the hassle.

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<b>SHIP FROM</b> Name: <b>PORT WENTWORTH - SV3/SD3</b> Address: 311 INTERNATIONAL TRADE PKWY City/State/Zip: PORT WENTWORTH, GA 31407 Ship Date: 01-26-2023 13:00		Bill of Lading Number: <b>850845954</b> 
<b>SHIP TO</b> Name: <b>PET SUPPLIES PLUS OR</b> Location #: OR1 Address: 122 PALMETTO COMMERCE PARKWAY City/State/Zip: ORANGEBURG, SC 29115 Delivery Date: 01-27-2023 07:00 Seal #: _____ Seal Intact: <input type="checkbox"/>		CARRIER NAME: <b>UBER FREIGHT US LLC (LOWELL DIVISION)</b> Trailer number: <b>536558</b> SCAC: <b>TXFV</b> Pro number: _____
<b>THIRD PARTY FREIGHT AND ACCESSORIAL CHARGES BILL TO:</b> Name: Pet Supplies Plus C/O Transplace Address: P.O. Box 425 City/State/Zip: Lowell, AR 72745 USA		Freight Charge Terms: Prepaid: _____ Collect: _____ 3rd Party: <input checked="" type="checkbox"/>
<style reportFont="bold" size="8">SPECIAL INSTRUCTIONS: </style><style reportFont="normal" size="7">schedule deliveries to this terminal by emailing SEYMOUR DC INBOUNDS <baptseydc@petsuppliesplus.com> with our account on copy</style>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION				
PRIMARY REFERENCE	#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0020P50011632	958 UN	5743.53 LBS	Y	PET SUPPLIES
<b>GRAND TOTAL</b>	958 UN	5743.53 LBS		


CARRIER INFORMATION								
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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
	PLT	958	Unit	5743.53 LBS		assorted pet supplies	2070-8	85
		958		5743.53		<b>GRAND TOTAL</b>		

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
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.  1/26/23	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 01-26-2023 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. Property described above is received in: <input type="checkbox"/> CD, <input type="checkbox"/> PD, except as noted.  1-26-23

Date: 1/26/2023 11:22:07 AM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000667498
Name: E & E COMPANY LTD		 (402)06757168000667498
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		<b>CARRIER NAME:</b> UBER FREIGHT
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 536558
VENDOR: 0005840	FOB: <input type="checkbox"/>	Seal number(s): 5624741
<b>SHIP TO</b>		<b>SCAC:</b> UFLB
Name: PSP Distribution LLC	Location #: OR1	Pro Number: 00000
Address: 122 Palmetto Commerce Parkway		
City/State/Zip: Orangeburg, SC 29115		
CID#:		
Dept:	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)		
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 850845954		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0020P50011632	327	4293.53	Y N	
<b>Grand Total</b>	<b>327</b>	<b>4293.53</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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 incorporation with ordinary cargo. See Section 2(a) of NMFC Item 599</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		
		327	ctns	4293.53		Pet Accessories or Furniture	2071	300
29		327		5743.53		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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 delineated rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, classifications and rates 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
<b>SHIPPER SIGNATURE / DATE</b> <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>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
		<b>CARRIER SIGNATURE / PICKUP DATE</b> <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 guidebook or equivalent documentation in the vehicle.</small>

Order No.: 6878264    Order Date: 03/08/2022    Customer: PSP DISTRIBUTION LLC    Customer PO No.: 0020P50011632

<b>SHIP FROM:</b> E & E COMPANY LTD 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> PSP DISTRIBUTION LLC 17197 N. LAUREL PARK DRIVE SUITE 402 LIVONIA, MI 48152 US	<b>SHIP TO:</b> PSP DISTRIBUTION LLC 122 PALMETTO COMMERCE PARKWAY ORANGEBURG, SC 29115 US	<b>Shipping Date:</b> 01/26/2023  <b>Shipment No.:</b> 800086749
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3023912	PSP63DU5347	750683067028	Faux Fur Large Donut	EA	4	104	26	104	26
584433	PSP63RC0313 91R	750683024601	Reversible Rectangular Cuddler	EA	4	504	126	504	126
584434	PSP63RC0713 92R	750683024618	Reversible Rectangular Cuddler	EA	2	350	175	350	175

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<b>Total Weight:</b>	<b>4293.53</b>
<b>Total Quantity Ordered:</b>	<b>958</b>
<b>Total Cartons Ordered:</b>	<b>327</b>
<b>Total Quantity Shipped:</b>	<b>958</b>
<b>Total Cartons Shipped:</b>	<b>327</b>