
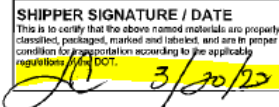


Date: 3/20/2023 10:25:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000912341							
Name: E & E COMPANY LTD		 (402)06757168000912341							
Address: 311 International Trade Pkwy									
City/State/Zip: Port Wentworth, GA 31407									
SID#: _____ FOB: <input type="checkbox"/>		SHIP TO							
Name: Wal-Mart JET EDGERTON KS - Location #: 9202		CARRIER NAME: FedEx							
Address: 30801 W 191st ST		Trailer number: T903644							
City/State/Zip: Edgerton, KS 66021		Seal number(s): 40361723							
CID#: _____ FOB: <input type="checkbox"/>		SCAC: FDEG							
Dept: 00022		Pro Number: _____							
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____							
Address: _____		City/State/Zip: _____							
SPECIAL INSTRUCTIONS: Load #: 25911425		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>							
		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)							
		Appointment Time AM Actual Driver Arrival Time AM Driver Departure Time AM							
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9668871297	26	0	323.27	Y N	03/17/2023	09202	0020	00022	
GRAND TOTAL	26	0	323.27						
CARRIER INFORMATION									
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY				
QTY	TYPE	QTY	TYPE		NMFC # CLASS				
1	Pallet			Pallet					
		26	ctns	Comforters, Bedspreads	49017 200				
1		26		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"/>					
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.  3/20/23				CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or transfer into the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.					
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		Shipper Signature					

SCANNED

Wholesale Order Changes Report

Customer PO No. Start:	9668871297	Customer PO No. End:	9668871297	Date Type:	
E&E SO No. Start:		E&E SO No. End:		Start Date:	
Customer:		Location:		End Date:	
Dept. No.:		Batch No.:		Item No.:	
Routing PO No.:		Multiple Cust. PO No.:			
User Operation:		Remark:		<input type="button" value="Q Search"/> <input type="button" value="All"/>	

Items: 1 Page number: 1/1 Paginal: 100 items

Customer No.	E&E SO No.	Customer	EDI Order Type	Dept. No.	Ship To	Create Date	Shipping Date	Cancel After Date	In DC Date	Item No.	Description	Pattern	UPC	Cust. Item No.	Cust Line No.	Location	Batch No.	Routing PO No.	Case Pack Qty	Qty Ordered	Qty To Ship	Updated Date	Updated By	Operation Type
9668871297	6958476	WALMART01	0020	00022	9202	03/02/2023	03/07/2023		03/17/2023	MS35-001-822-01	T/TXL Monique BNB		Monique 675716630454-554708311	2	SV3	820230302190643		1	1		03/02/2023 02:42:54	yanxiaoying@scmhome.com	Zero out	