

SHIP FROM		Master Bill of Lading Number: 06757168001244076	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101 DC#: 7101 Div. _____ Address: 1200 Mason Dixon Ln 7101 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 166225 Seal number(s): 56284173 SCAC: WALM Pro Number: 0000	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 80381487		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time Actual Driver Arrival Time Driver Departure Time 1300 AM PM 1524 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1880495743	7	45.43	Y	N	06757168001234947	7045A	
4480237284	7	45.43	Y	N	06757168001235111	6066A	
3130376045	2	12.98	Y	N	06757168001235395	6039A	
7960157740	10	64.90	Y	N	06757168001235258	6017A	
2730336669	21	136.29	Y	N	06757168001234985	7036A	
8934877961	2	12.98	Y	N	06757168001235302	6080A	
7335196091	10	64.90	Y	N	06757168001235227	6030A	
9680226965	3	19.47	Y	N	06757168001235586	6040A	
2282050132	2	12.98	Y	N	06757168001235371	7035A	
3429799004	11	71.39	Y	N	06757168001235043	6037A	
5382040354	6	38.94	Y	N	06757168001235173	7033A	
2830167201	1	6.49	Y	N	06757168001235388	6036A	
6280396297	18	116.82	Y	N	06757168001235203	7026A	
3730296660	4	25.96	Y	N	06757168001235456	6006A	

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"/>
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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, class/rates 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. Total Pallet: 48 <i>GW 8/16/24</i>	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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 handbook or equivalent documentation in the vehicle. <i>Paula 7/506</i> 11-51

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Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 80381487		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 (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
8880835150	2	12.98	Y	N	06757168001235562	6011A	
1880495633	3	19.47	Y	N	06757168001235357	7045A	
3230326796	1	6.49	Y	N	06757168001235036	6026A	
7829968809	16	154.84	Y	N	06757168001235241	6068A	
8230385990	3	19.47	Y	N	06757168001235555	6010A	
8880835279	6	38.94	Y	N	06757168001235296	6011A	
9630266996	2	12.98	Y	N	06757168001235579	6070A	
5030147395	1	6.49	Y	N	06757168001235494	6020A	
8680257051	13	84.37	Y	N	06757168001235289	6019A	
9630267105	9	58.41	Y	N	06757168001235319	6070A	
9980117532	16	103.84	Y	N	06757168001235333	6024A	
2830167336	13	84.37	Y	N	06757168001234992	6036A	
3880396155	4	25.96	Y	N	06757168001235067	6021A	
3730296802	8	51.92	Y	N	06757168001235074	6006A	

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"/>
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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. Total Pallet: 48	Trailer Loaded: <input 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.		

Order No.: 71107540 **Order Date:** 07/22/2024 **Customer:** WALMARTWHS **Customer PO No.:** 9630266996
PO Type No.: 0033 **Location No.:** 6070A **Dept. No.:** 00014

SHIP FROM:
E & E COMPANY LTD
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407

BILL TO:
WAL-MART STORE 111 WHS
1108 SE 10TH STREET
ATTN: A/P DEPT.
BENTONVILLE, AR 72716

SHIP TO:
WAL-MART DC 6070A-ASM DIS
200 WAL-MART DRIVE
SHELBY, NC 28150

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Ice Syrups	EA	6	12	2	12	2

Total Quantity Ordered: 12
Total Ordered: 2
Total Quantity Shipped: 12
Total Cartons Shipped: 2