


SHIP FROM		Bill of Lading Number: 06757168001330540
Name: E & E COMPANY-LTD	Address: 311 International Trade Pkwy	 (402)06757168001330540
City/State/Zip: Port Wentworth, GA 31407	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: FedEx
Name: Wal-Mart DC 7033A-ASM DIS	Location #: 7033A	Trailer number: FEDZ563911
Address: CO WAL-MART HAWAII DISTRIBUTI	7033A	Seal number(s):
City/State/Zip: Apple Valley, CA 92307	FOB: <input type="checkbox"/>	SCAC: FDEG
CID#: Dept: 00014		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid	Collect <input checked="" type="checkbox"/> 3rd Party
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 36735634		LTR AM	LTR AM
		LTR PM	LTR PM

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	
5382042792	8	0	51.92	Y N	12/03/2024	7033A	0033	00014		
GRAND TOTAL	8	0	51.92							

CARRIER INFORMATION							LTL ONLY	
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. See Section 2(e) of NMFC Item 350</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
8	ctns			51.92		Ice Cream Powder	72750	92.5
GRAND TOTAL								

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. <div style="text-align: right;">Shipper Signature</div>								
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. [Signature] 11/27/24	<table border="0" style="width:100%;"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Places</td> </tr> </table>	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/Places
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/Places								
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. Property described above is received in good order, except as noted.									

Order No.: 72209861	Order Date: 11/18/2024	Customer: WALMARTWHS	Customer PO No.: 5382042792
PO Type No.: 0033	Location No.: 7033A	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 7033A-ASM DIS
 CO WAL-MART HAWAII DISTRIBUTI
 APPLE VALLEY, CA 92307

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852225	SD171-0019	022164360240	Grape Snow Cone Syrup	EA	6	30	5	30	5
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	6	1	6	1
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	12	2	12	2

Total Quantity Ordered:	48
Total Ordered:	8
Total Quantity Shipped:	48
Total Cartons Shipped:	8