

PO NOS.	ORDER#	Ship To	UNITS	CTNS	Routing Cube	Actual Cube	WEIGHT
648158001	4763638	512	747	747	3,118.35	2,711.61	8,919.18
		512 Total	747	747	3,118.35	2,711.61	8,919.18
648158002	4763639	512	302	302	916.87	797.28	2,594.18
648158003	4763640	512	687	687	2,148.94	1,868.64	6,128.04
		512 Total	989	989	3,065.81	2,665.92	8,722.22
648158004	4763641	512	174	174	850.43	739.50	2,338.56
648158005	4763642	512	284	284	1,172.49	1,019.56	3,941.92
		512 Total	458	458	2,022.92	1,759.06	6,280.48
		Grand Total	2,194	2,194	8,207.08	7,136.59	23,921.88

Floorload
(19241297)

Floorload
(19241310)

24 PLTS

(19241328)

From:
E & E COMPANY LTD
400 Longfellow Ct

Livermore, CA 94560

To:
Burlington San Bernardino DC #512
570 East Mill Street

San Bernardino, CA 92408

(420) SHIP TO POSTAL



(420) 92408

Carrier Name:

UNKNOWN

PO#: 648158002

STYLE	COLOR	SIZE	QUANTITY
LITA-3	AQUA	QTY	1

Store Number

(92)512



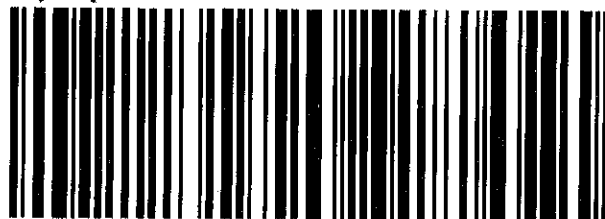
Mark For

Burlington San Bernardino DC #
512
570 East Mill Street

San Bernardino, CA 92408

(00) SERIAL SHIPPING CONTAINER

(00) 0 0 675716 628915049 2



From:
E & E COMPANY LTD
400 Longfellow Ct

Livermore, CA 94560

To:
Burlington San Bernardino DC #512
570 East Mill Street

San Bernardino, CA 92408

(420) SHIP TO POSTAL



(420) 92408

Carrier Name:

UNKNOWN

PO#: 648158002

STYLE	COLOR	SIZE	QUANTITY
LITA-3	AQUA	QTY	1

Store Number

(92)512



Mark For

Burlington San Bernardino DC #
512
570 East Mill Street

San Bernardino, CA 92408

(00) SERIAL SHIPPING CONTAINER

(00) 0 0 675716 628915048 5



Balvir Sandhu

From: Jonathan Garcia
Sent: Tuesday, September 18, 2018 3:23 PM
To: Balvir Sandhu; Analisa Villanueva; Edith Rios; Nancy Panyanouvong;
benjamin.hung@jlahome.com
Cc: Raymond Huang; liv.ship@jlahome.com
Subject: RE: BURLINGTON ORDER SHIP DATE 9/19/18

Item is out of stock.

Thank you,
Jon Garcia
OA Logistics
Inventory Control
Tel. 925.449.4293x167

From: Balvir Sandhu [mailto:balvir.sandhu@oalogistics.com]
Sent: Tuesday, September 18, 2018 3:16 PM
To: Analisa Villanueva; Edith Rios; Nancy Panyanouvong; Jonathan Garcia; benjamin.hung@jlahome.com
Cc: Raymond Huang; liv.ship@jlahome.com
Subject: BURLINGTON ORDER SHIP DATE 9/19/18

Hello IC Team

Please help with per below items issue


ITEM NO	QTY
ID10-381	2

Thank you,
Balvir Sandhu
(925)449-4293 EXT. 165

Date: 9/28/2018 2:52:23 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757161127298497	
Name:	E & E COMPANY LTD	 (402)06757161127298497	CARRIER NAME: MODE TRANSPORTATION Responsible Acct.No:
Address:	400 Longfellow Ct		
City/State/Zip:	Livermore, CA 94550		
SID#:			
PHONE:		Trailer number: 364457 Seal number(s): 6894851	SCAC: MTLE Pro Number:
VENDOR:			
FOB:	<input type="checkbox"/>		
SHIP TO			
Name:	Burlington San Bernardino DC #512	Location #: 512	
Address:	570 East Mill Street		
City/State/Zip:	San Bernardino, CA 92408		
CID#:			
Dept:	6	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: CS0000132464		10:00 AM	2:45 AM
Packing List is Attached			3:15 PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
648158005	284	3941.92	Y N	
648158004	174	2338.56	Y N	
Grand Total	458	6280.48		

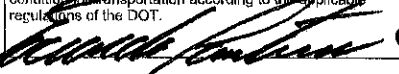
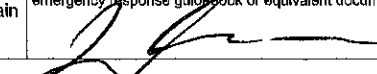
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	Pallet			1150.00		Pallet		
		458	ctns	6280.48		Comforters, Bedspreads	49017	200
23		458		7430.48		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"/>
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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, 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.

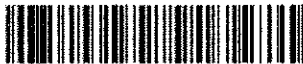
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

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.  9-28-18	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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. 
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SHIP FROM

Name: E & E COMPANY LTD
 Address: 400 Longfellow Ct
 City/State/Zip: Livermore, CA 94550
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757161127286845



(402)06757161127286845

SHIP TO


Name: Burlington San Bernardino DC Location #: 512 #512
 Address: 570 East Mill Street
 City/State/Zip: San Bernardino, CA 92408
 CID#: _____
 Dept: 6 FOB:

CARRIER NAME: XPO LOGISTICS
 Responsible Acct.No: _____
 Trailer number: 2152
 Seal number(s): 6994804

SCAC: XPOL
Pro Number: 657430421

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____



657-430421

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Logistics Freight, Inc. rules tariff. (see www.xpo.com)

XPO Logistics

SPECIAL INSTRUCTIONS:
 Load #: CS0000132447
 Packing List is Attached

unless marked otherwise)

Prepaid: _____ Collect: **X** 3rd Party: _____

Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
11:00 AM	11:00 AM	12:05 PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
648158001	747	8919.18	Y N	
Grand Total	747	8919.18		

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. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00		Pallet		
		747	ctns	8919.18		Comforters, Bedspreads	49017	200
31		747		10469.18		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: 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
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]
 9-28-18


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.

[Signature] 9/28/18

Date: 9/25/2018 2:52:00 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757161127009642
Name: E & E COMPANY LTD		 (402)06757161127009642
Address: 400 Longfellow Ct		
City/State/Zip: Livermore, CA 94550		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: MODE TRANSPORTATION

SHIP TO		Trailer number: 47523
Name: Burlington San Bernardino DC #512	Location #: 512	Seal number(s): 6894803
Address: 570 East Mill Street		
City/State/Zip: San Bernardino, CA 92408		SCAC: MTL
CID#:		Pro Number:
Dept: 6	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/>	Collect: X 3rd Party: <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS: Load #: CS0000132457		2:30 AM	1:45 AM
Packing List is Attached		PM	PM
			Driver Departure Time 3:05 AM

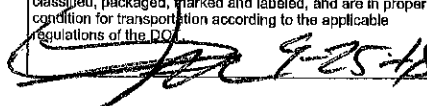
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
648158002	300	2577.00	Y N	
648158003	687	6128.04	Y N	
Grand Total	987	8705.04		

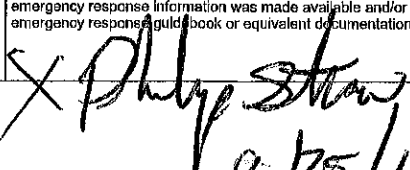
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	Pallet			1800.00		Pallet		
		987	ctns	8705.04		Comforters, Bedspreads	49017	200
36		987		10505.04		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"/>
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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, 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. <p style="text-align:right">Shipper Signature</p>
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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.  9-25-18	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
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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.  9/25/18
