

OVER/SHORT/DAMAGED REPORT

OSD NUMBER 10434

CARRIER: SAIA TRAILER# 270796 FREIGHT BILL# SHIPPER or VENDOR: EECO

P.O.# 2096400 DATE 12/15/2018 LOAD I.D. 146070 BUYER# DF # DF92
 10313902780-2

| ITEM CODE | STYLE/DESCRIPTION | CASES | MPAK | COST |
|-----------|-------------------|-------|------|------|
| 509470 | | -12 | | |
| 568096 | | -1 | | |
| 569728 | | -4 | | |
| 571249 | | -3 | | |

ALL OVERS AND SHORTS MUST BE DOUBLE CHECKED BY RECEIVING SUPERVISOR.
 CALL TRAFFIC AND CARRIER ON ALL OSD'S EXCEEDING \$100.00

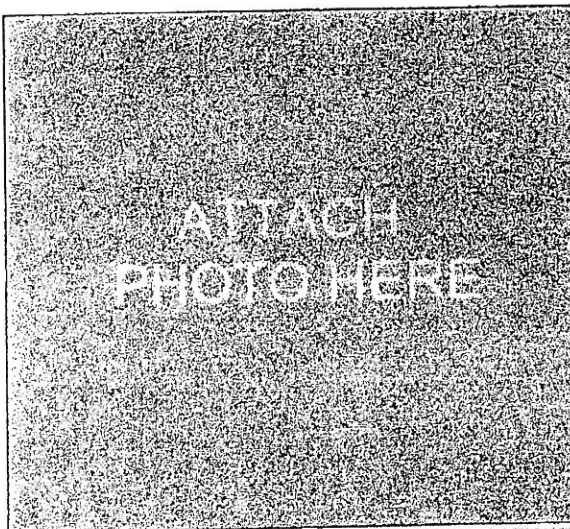
REASON FOR CLAIM: OVER SHORT DAMAGED
 VOUCHER# _____
 ACCOUNT# _____

PHOTOS REQUIRED FOR ALL OSD'S INVOLVING DAMAGE. PRINT AND ATTACH HARD COPIES OF THE PHOTOS TO THE PRINTOUT. ATTACHING A DIGITAL PHOTO FROM A CAMERA VIA USB PORT, HARD DRIVE OR FLOPPY DRIVE IS CURRENTLY DISABLED.

ENTER THE DISPOSITION OF THE DAMAGED PRODUCT:

- WET
- NAILS - SIDEWALLS
- NAILS - FLOOR
- BAD FLOOR
- IMPROPER DUNNAGE
- IMPROPER PACKAGING
- LOAD SHIFTED
- HEAVY ON LIGHT
- PALLETS STACKED ON PRODUCT
- DAMAGED BY LOADER
- DAMAGED BY UNLOADER
- FOOD SPILLAGE ON PRODUCT
- OTHER LEAKING ON PRODUCT
- RUSTY STAINED PACKAGING
- INSUFFICIENT/POOR QUALITY GLUE ON PACKAGE
- DENTED CANS

(EXPLAIN IN DETAIL HERE)



SIGNATURE (CHECKED AND COUNTED)
[Handwritten Signature]

DRIVER'S SIGNATURE
[Handwritten Signature]

SIGNATURE (VERIFIED)
[Handwritten Signature]


| | | | |
|--|-----------------------------|---|--------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757166000313533 | |
| Name: E & E COMPANY LTD | Address: 550 Northport Pkwy | City/State/Zip: Port Wentworth, GA 31407 | SID#: <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: SAJA | |
| Name: MEIJER OF 92 | DC#: 00695955 50082 | Trailer number: 484583 | |
| Address: 3301 S CREYTS RD | Div. | Seal number: | |
| City/State/Zip: LANSING, MI 48917-8508 | | SCAC: SJ | 10313902780 2 |
| SID#: <input type="checkbox"/> | | Pro Number: | |

| | | | |
|--------------------------------------|----------------------------------|------------------------|-----------------------------|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Ch: | |
| Name: | Address: | City/State/Zip: | |
| SPECIAL INSTRUCTIONS: | | Appointment Time AM PM | |
| Load #: | Actual Driver Arrival Time AM PM | | Driver Departure Time AM PM |

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
|-----------------------|------------|---------------|--------------------------|-------------------|-----------------------------|-----------|
| 209639668 | 3 | 8.79 | Y N | 06757166000313489 | 006959555009 2 | |
| 209640056 | 56 | 775.55 | Y N | 06757166000313502 | 006959555009 2 | |
| Grand Total | 59 | 784.34 | | | | |

| HANDLING UNIT | PACKAGE | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION | NMFC # | CLASS |
|---------------|---------|------------|----------|------------------------|--------|-------|
| 4 | Pallet | 200.00 | | Pallet | | 70 |
| | 3 ctns | 8.79 | | Shower curtain | 49385 | 77.5 |
| | 56 ctns | 775.55 | | Comforters, Bedspreads | 49017 | 200 |
| 4 | | 984.34 | | Grand Total | | |

| | | |
|---|--|--|
| <small>Where the item 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 _____</small> | | 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). | | |
| <small>RECEIVED, subject to individually documented 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.</small> | <small>The carrier shall not be more liable for this shipment than the amount of freight and all other lawful charges.</small> | Shipper Signature  |
| SHIPPER SIGNATURE / DATE <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> EC 11/28/18 | 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 <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> 407 11-29-18 | | |

| | | |
|--|--|--|
| SHIP FROM Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: | | Bill of Lading Number: 06757166000313489  (402)06757166000313489 CARRIER NAME: SAIA Responsible Acct.No: Trailer number: 484563 Seal number(s): |
| SHIP TO Name: MEIJER DF 92 Address: 3301 S CREYTS RD City/State/Zip: LANSING, MI 48517-8508 CID#: 664 Dept: Location #: 0069595 S50092 FOB: <input type="checkbox"/> | | SCAC: SAIA Pro Number: 103139027602 |

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

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|----------|-------------|-------------|-------------------------|
| 209639668 | 3 | 8.79 | Y N | |
| Grand Total | 3 | 8.79 | | |

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE | |
|---------------|--------|---------|------|--------|----------|-----------------------|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 3 | ctns | 8.79 | | Shower curtain | 49385 | 77.5 |
| 1 | | 3 | | 58.79 | | 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 \$_____. | 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. | 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 permits. 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.: 4832082 Order Date: 11/19/2018 Customer: MEIJER DF 92

Customer PO No.: 209640056

SHIP FROM:

E & E COMPANY LTD
550 NORTHPORT PKWY
PORT WENTWORTH, GA 31407

BILL TO:

MEIJER DISTRIBUTION, INC.
2929 WALKER, NW
GRAND RAPIDS, MI 49544

SHIP TO:

MEIJER DF 92
3301 S CREYTS RD
0069595550092
LANSING, MI 48917-8508

| Cust. SKU No. | Item No. | UPC | Description | UOM | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped | Price | Amount(\$) |
|-----------------|----------|--------------|--------------------------|-----|---------------|-------------|--------------|-------------|--------------|-------|------------|
| 4128091-001-001 | ME10-667 | 675716973063 | K Tarrant Comforter Sets | EA | 1 | 2 | 2 | 2 | 2 | 44.29 | 88.58 |
| 4203301-001-002 | ME10-727 | 086569968081 | K Hotel Comforter Sets | EA | 1 | 9 | 9 | 9 | 9 | 44.29 | 398.61 |
| 4203298-001-002 | ME10-730 | 086569968111 | Q Corsica Comforter Sets | EA | 1 | 6 | 6 | 6 | 6 | 39.14 | 234.84 |
| 4203297-001-002 | ME10-731 | 086569968128 | K Corsica Comforter Sets | EA | 1 | 3 | 3 | 3 | 3 | 44.29 | 132.87 |
| 4203291-001-002 | ME10-737 | 086569968180 | K Etta Comforter Sets | EA | 1 | 1 | 1 | 1 | 1 | 46.35 | 46.35 |
| 4335331-001-001 | ME10-886 | 086569109095 | Jannie K Comforter Sets | EA | 1 | 35 | 35 | 35 | 35 | 46.35 | 1622.25 |

Total Quantity Ordered: 56
 Total Cartons Ordered: 56
 Total Quantity Shipped: 56
 Total Cartons Shipped: 56
 Total Amount(\$): 2523.50