

SHIP 10/08

PO NOS.	ORDER#	Ship To	UNITS	CTNS	Routing Cube	Actual Cube	WEIGHT
648304101	4781993	512	96	96	117.02	101.76	274.56
648304102	4781994	512	127	127	154.81	134.62	363.22
648304103	4781995	512	111	111	135.31	117.66	317.46
648304104	4781996	512	93	93	113.37	98.58	265.98
648304105	4781997	512	13	13	17.19	14.95	33.80
		512 Total	440	440	537.70	467.57	1,255.02
		Grand Total	440	440	537.70	467.57	1,255.02

2 PITS
2 PITS
2 PITS
2 PITS
1 PITS
R+5#
19302017
9 PITS

10/08

Leon Sheridan

From: saas2018prodMIF2@manh.com
Sent: Friday, October 05, 2018 9:52 AM
To: liv.ship@jlahome.com
Subject: Burlington Stores Routing Confirmation: CS0000135720

Please see below routing information for your confirmed Burlington shipment. It is the vendor's responsibility to contact the carrier to schedule the pickup appointment.

Shipment confirmation #: CS0000135720

Total Cartons: 440

Total Weight: 1257

Total Cubic Feet: 541

Total Pallets: 9

List of RTS #'s: 19302017

List of PO #'s: 648304101, 648304102, 648304103, 648304104, 648304105

Carrier name: Unyson [UYSN]

Carrier Phone Number: (630) 437-6053

Carrier Email: Burlington@hubgroup.com

Origin Facility Location: E&E CO LTD, 400 Longfellow Ct, Livermore, CA, 94550, US

Destination Facility Location: 512_CA, 570-A East Mill Street, San Bernardino, CA, 92408, US

Delivery Window Start Date: 10/08/2018

Delivery Window End Date: 10/12/2018

Ship Ready Date: 10/08/2018

10-8-18

PLAN SHEET DATE:

DATE: 10-8-18



DATE	PC#	PO#	Rolls	Verified	Carton Count	Verified	Carton Count	Verified	Carton Count
10-8-18	512	648304101	1	✓	56	✓			
			2	✓	64	✓			
			3	✓	56	✓			
			4	✓	68	✓			
			5	✓	55	✓			
			6	✓	64	✓			
			7	✓	13	✓			
			8	✓	64	✓			
					140	✓			

Production: *Delia / gusky* OP# *10818* Shipplng.

Redondo, yobany

Date: 10/9/2018 3:02:35 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757161128258278	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757161128258278	
SHIP TO		CARRIER NAME: Central Transport	
Name: Burlington San Bernardino DC Location #: 512 #512 Address: 570 East Mill Street City/State/Zip: San Bernardino, CA 92408 CID#: _____ Dept: 6		Responsible Acct.No: _____ Trailer number: 539352 Seal number(s): _____	
FOB: <input type="checkbox"/>		SCAC: CTII Pro Number: 145-6709037-9	
		WWW.CENTRALTRANSPORT.COM Driver's Signature Only Acknowledges Receipt of Freight 145-6709037-9	
			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: CS0000135720 Packing List is Attached		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM 3:00 PM
		Driver Departure Time AM 3:40 PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
648304105	13	33.80	Y N		
648304104	93	265.98	Y N		
648304102	127	363.22	Y N		
648304101	96	274.56	Y N		
648304103	111	317.46	Y N		
Grand Total	440	1255.02			

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(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		440	ctns	1255.02		Pillows,Valance,Towels	49390	100
8		440		1655.02		Grand Total		

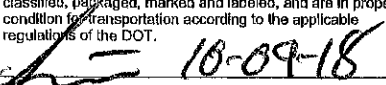
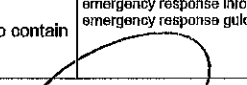
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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 <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> 	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 <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> 
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10-9-18
Trailer 53-9352