

DATE	AMOUNT	REF/DEBIT NO.	DEBIT	CREDIT	NET AMOUNT	STATE
797 2019-01-21	4635136	019057	14,327.37	0.00	14,327.37	0
797 2019-01-21	4635138	019057	1,785.04	0.00	1,785.04	0
797 2019-01-21	4635137	019057	5,303.91	0.00	5,303.91	0
701 2019-02-27	701-NCF-0084166	AT-0103939	-500.00	0.00	-500.00	0
701 2019-02-27	701-NCF-0084160	AT-0103939	-500.00	0.00	-500.00	0
701 2019-02-27	701-NCF-0084159	AT-0103939	-500.00	0.00	-500.00	0
092 2019-02-04	701-5450149	AT-0118351	-4,090.56	0.00	-4,090.56	0
092 2019-02-04	701-5450237	CALL DIV 092 855-574-2228				
		AT-0118351	-3,514.00	0.00	-3,514.00	0
092 2019-02-04	701-5450154	CALL DIV 092 855-574-2228				
		AT-0118351	-7,000.00	0.00	-7,000.00	0
		CALL DIV 092 855-574-2228				

AR# 12140848

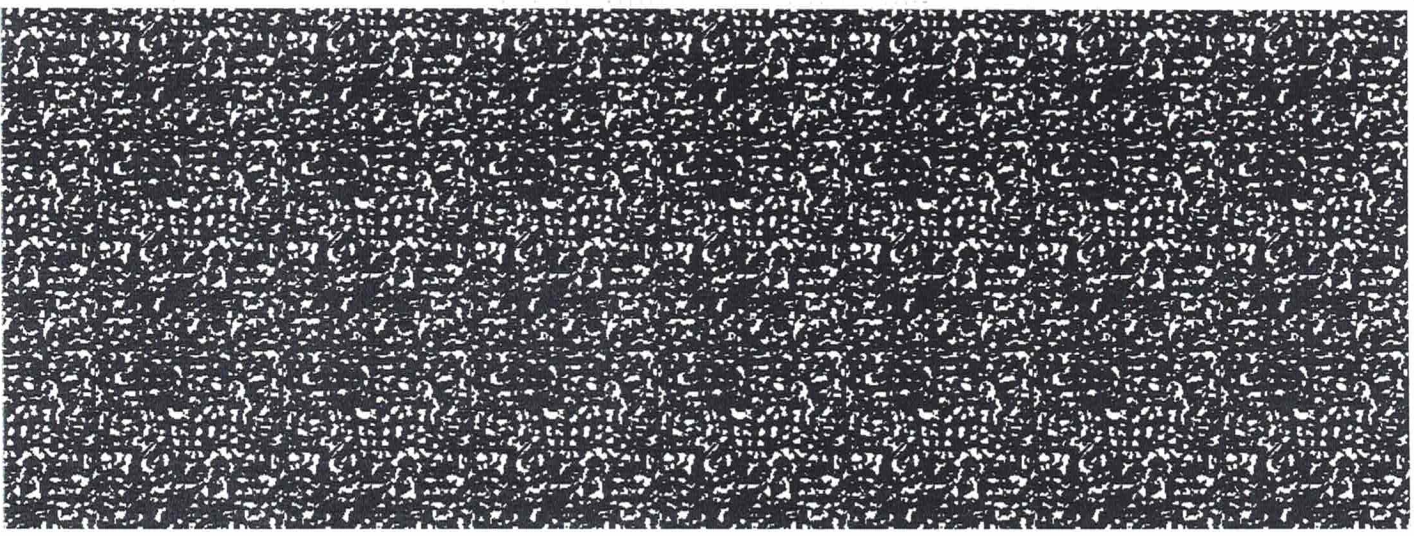
ENTERED

ENTERED MAR 1 1 2019

701	FRED MEYER								
TELEPHONE	PAYEE NO.	DATE	BANK	CHECK NO.	TOTALS				
855-574-2228	10316750	MARCH 01, 2019	22	7001442	5,311.76	0.00	0.00	5,311.76	

L615

HIGHLY SATISFIED CUSTOMERS MADE THIS CHECK POSSIBLE
 To Remove Document Fold and Tear Along This Perforation





REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0084166**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 01
Date: 02/26/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 26321007

Amount: 500.00

Late Shipment.

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: KM56589

For Office Use Only

437 40-6040 000 PO#:96126518 Dept:83 Class:939 Loc: (500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

PO21M01

FRED MEYER

Vendor	26321007	JLA/E & E CO LTD	PO type	ME MERCHANDISE
Order number	96126518		Confirmation N	EDI Y
Order status	ON OPEN ORDER		PO Disc/Chrg type..	
Order source	RM REPLENISHMENT		PO Disc/Chrg pct ..	
Import	N		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30		FOB point	FOB SHIP POINT
Freight PP COL ...	CO	PP Qlfr 0	Cancel Vend Pre-ticket	N
Effective terms ..	ROG	RECEIPT OF GOODS	Ship date	02/11/19
Order date	02/11/19		Ship PO complete	Y
Order proc time	7 Days		Created by	POB0025
Rsc Instr				
Transit time	3 Days			
Earliest arrival date ..	02/21/19			
Cancel date	02/18/19			
Last arrival date	02/21/19			

Command	Action			
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt	F11=Summary
F12=Cancel	F15=Menu			

Date: 2/20/2019 11:26:47 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000300419



(402)06757163000300419

ORIGINAL

SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport

Responsible Acct.No:

Trailer number: 136134

Seal number(s): 22413603

SCAC: MKET

Pro Number:

Download/case ct. pending _____ Unit ct. pending _____
 Pre Paid Collect LTL
 Receiver: *EVERETT STORE* 2/22/19
 Case count verify by: *[Signature]*
 Case Count: 143 Short Over
 Pack list included with product Yes No
 Charge back completed Yes No
 Prepaid shortage detected: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: MKET 2606608
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 AM	11:10 AM	11:35 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0096126373	51775	124	Y N	TRL #: 136134
0096126374	48735	360	Y N	DSV #: 2606608
0096126375	51774	309	Y N	FM #: 1190222998005
0096126518	5773	143	Y N	Seal #: 22413603
Grand Total	936	5444.64		

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				NMFC #	CLASS
9	Pallet		450.00		Pallet		
		1	ctns	44.88	Comforters, Bedspreads	49017	200
		309	ctns	1905.35	Mattress Pads	149265	100
		502	ctns	2684.06	Pillows, Valance, Towels	49390	100
		4	ctns	50.68	Runners, Placemats, Napkins	49505	77.5

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Also mo 2/20/19

Trailer Loaded: Freight Counted:
 By Shipper
 By Driver
 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] 2-20-19

