

INVOICE COVER SHEET

Company: 001

Vendor: 30000297

Invoice: 12757537008

Processor: elandiaz

U6196782

Signatures

- Over \$50K
- Over \$100K
- Over \$500K
- Over \$1M
- BDR Reversed
- F-44 Clearing

Comments:



001 02796391572019



Hub Group

REMIT TO:
HUB GROUP INC
33773 TREASURY CTR
CHICAGO IL 60694-3700

2000 CLEARWATER DR, OAK BROOK, IL 60523

FEIN# (36-4007085)

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COSTCO WHOLESALE
ACCOUNTS PAYABLE
PO BOX 34715
SEATTLE WA 98124-1715

INVOICE#	12757537008	SCAC	HUBG
CUST REF#	1759666	PIECES	60
PO#	1740110565	WEIGHT	15120
SHIPPER ID#		VESSEL	
UNIT#	248983	BOOKING	
INVOICE DATE	04/02/2019	VOYAGE	
ACCT#	11759.000	SEAL	
SHIP DATE	01/18/2019	EQUIP	53'00" TV
RFC#		ROUTE	
SHIPPED	COLLECT OVER THE ROAD - VAN		
COMMODITY	2399990 DRY GOODS,NEC		

ORIGIN	DESTINATION
JLA EAST COAST DIST 221 HANSON WAY WOODLAND CA 95776-6229	WEST PALM BEACH DRY 5851 45TH ST WEST PALM BEACH FL 33407

	AMOUNT DUE
REDELIVERY CHARGE = \$150	REDELIVERY 150.00

MULTIPLE STOPS AND REFERENCE NUMBERS

0552100
F+E 00
\$150
1740014 - 1400046
001740110565
FRANCOIS - STOP FEE

INVOICE REMARKS: CR: 1759666, RN: 3049, 19: PUREQ1, 19: DELREQ1

AGREED UPON TERMS: NET 30 DAYS

YOUR CONTACTS ARE: A/R DEPT-HUB ST LOUIS

1-314-819-6300

Amount Due USD	150.00
AFTER 30 DAYS USD	153.76

Date: 1/18/2019 3:38:12 PM **Bill Of Lading** Page 1 of 1

SHIP FROM:
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 8552100 FOB

SHIP TO:
 Name: WEST PALM BEACH
 Address: DEPOT - DRY
 5861 45TH STREET
 City/State/Zip: SE, 0174 WEST PALM BEACH, FL 33407
 CID#: _____
 Dept: 14 FOB

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: N/A
 Packing List is Attached

Bill of Lading Number: 08757163000288984
 (402)06757163000288984

TRAILER NAME: Hub Group
 Responsible Acct.No: _____
 Trailer number: 248983
 Seal number(s): 22413478
 SCAC: HUBG
 Pro Number: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 (check box) Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time: 12:00 AM PM
 Actual Driver Arrival Time: 2:30 AM PM
 Driver Departure Time: 3:50 AM PM

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
001740130585		60	12301.20	Y	N		
Grand Total		60	12301.20				

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		
				12301.20		Pet Accessories or Furniture	2071	300
30		60		13801.20		Grand Total		

Use Me Moving Bobby Stolt
Rec 40 Pallet

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 greater declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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 provided upon in writing between the carrier and shipper; if applicable, otherwise, the rates, classifications and conditions that have been established by the carrier and are available to the shipper, as required, and to the 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 Loaders:
 By Shipper
 By Driver

Weight Counted:
 By Shipper
 By Driver/Pallets
 By Driver/Pieces

SHIPPER SIGNATURE / DATE
 _____ 1-18-19

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIPPER SIGNATURE

CARRIER SIGNATURE

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

COB Amount: _____

Additional Stops/Delays in Transit-Load #:1799201 , PO #:10520213390

Close Save

Accessorial Type	Amount (\$)	Approve/Deny	PKP Location	Carrier Notes	Shipper Notes
Detention At Shipper (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Detention At Consignee (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Layover (\$)	400.00	Approve	All	driver did not get	Traffic Error
Other (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Out Of Route (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Redelivery Charge (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Rework Charge (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
System Stop Fee (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Truck Not Used (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>
Stop Fee (\$)	<input type="text"/>	- Select -	- Select -	<input type="text"/>	<input type="text"/>

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Accessorial summary

Freight Charges

Approved Accessorial Summary
 400.00, driver did not get unloaded at delivery due to appt canceled, charge to buyer margin, Traffic Error.

Total Accessorial (\$) 400.00
Total Rate (\$) 400.00

Line Haul : 3196.08
FSC: 639.22
Carrier Suggested Rate:

Upload Documents

File Browse... Browse... Document Type : -select-

Document Notes :

Accessorial Audit Report

Updated By	Audit Date	Accessorial Status	Approved User	Denied User	Accessorial (\$)	Accessorial Type
JZULEGER	02/28/19 06:10	Approved	JZULEGER		400	Layover (\$)
INBOUND_HUB	02/27/19 11:51				400	Layover (\$)
APrikals	02/13/19 12:38					Out Of Route (\$)

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