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SAIA Dept 802

MEIJER SHIPMENT MANIFEST

TRAILER #291574 - APPT DATE 4/3/19- LOAD# 396378

PRO	SHIPPER	PO #	Weight	CASES SHIPPED	SW INTACT Y/N	CASES RECEIVED	OS&D EXCEPTION	COMMENTS
10338623140-3	SUMMIT BRANDS	209985512	523	28		28		
10313800800-3	V F JEANSWEAR	209667414	1480	94		0	-54 short	
10313800800	V F JEANSWEAR	209984491		45		0	-45 short	
10313800800	V F JEANSWEAR	209994902		51		0	-41 short	
10307700020-3	SHREVEPORT WAREHOUS	209994901	900	72		72		
10320827450-1	DESIGNER PROTEIN	210000868	201	59		59		
10327878660-5	CUL MAC INDUSTRIES	209993433	36	1		1		
10346471890-2	E&E COMPANY	209995785	1691	115		159	+ 44 over	
10285869150-2	HASBRO INC	NS	4471	1143		1167	+ 24E 24S / 2 Non used cases	

MEIJER 802 LOAD# 396378
C.S. - MPAC
DATE 4/3/2019
OS&D EXCEPTIONS See Attached
SIGNED [Signature]


Date: 3/29/2019 12:44:51 PM

Master Bill Of Lading

SHIP FROM
Name: E & E COMPANY LTD
Address: 550 Northport Pkwy
City/State/Zip: Port Wentworth, GA 31407
SID#: _____ **FOB:**

Master Bill of Lading Number: 06757166000378785

SHIP TO
Name: MEIJER DF 802 **DC#:** 00695955
 50802
Div.: _____
Address: 4220 S COUNTY RD 25A
 0069595550802
City/State/Zip: TIPP CITY, OH 45371-2950
SID#: _____ **FOB:**

CARRIER NAME: SAIA
Trailer number: 4822
Seal number(s): _____
SCAC: SAIA
Pro Number: _____
10346471890 2


Driver signature acknowledges receipt of freight only. Shipper is subject to applicable terms and conditions of the Uniform Bill of Lading, SAIA's tariffs and current BLMF 100. See SAIA T/D tariffs at www.saia.com

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: _____
Address: _____
City/State/Zip: _____
SPECIAL INSTRUCTIONS:
Load #: _____

Freight Charge
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
Appointment Time **Actual Driver Arrival Time** **Driver Departure Time**
 AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
209995259	13	34.05	Y	N	06757166000378778	0069595550802	
209995783	31	392.36	Y	N	06757166000378754	0069595550802	
209995785	115	1014.58	Y	N	06757166000378761	0069595550802	
Grand Total	159	1440.99					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00	(X)	Pallet		70
		13	ctns	34.05		Shower curtain	49385	77.5
		31	ctns	392.36		Comforters, Bedspreads	49017	200
		115	ctns	1014.58		Pillows, Valance, Towels	49390	100
5				1690.99		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:** **Prepaid:**
Customer check acceptable:

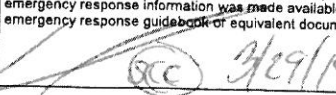
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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 / 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.
LC 3/29/19


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.
 3/29/19

Date: 3/29/2019 12:44:49 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000378761										
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000378761										
SHIP TO		CARRIER NAME: SAIA Responsible Acct.No: _____ Trailer number: 4822 Seal number(s): _____										
Name: MEIJER DF 802 Location #: 0069595 4220 S COUNTY RD 25A 550802 Address: 0069595550802 City/State/Zip: TIPP CITY, OH 45371-2950 CID#: _____ Dept: 663 FOB: <input type="checkbox"/>		SCAC: SAIA Pro Number: 103464718902										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
209995785	115	1014.58	Y N	
Grand Total	115	1014.58		

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
2	Pallet			100.00		Pallet		
		115	ctns	1014.58		Pillows, Valance, Towels	49390	100
2		115		1114.58		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. <div style="text-align: right;">Shipper Signature</div>
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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.	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver <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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Date: 3/29/2019 12:44:46 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166000378778  (402)06757166000378778										
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: PHONE: VENDOR:		CARRIER NAME: SAIA Responsible Acct.No: Trailer number: 4822 Seal number(s):										
SHIP TO		SCAC: SAIA Pro Number: 103464718902										
Name: MEIJER DF 802 Location #: 0069595 4220 S COUNTY RD 25A 550802 Address: 0069595550802 City/State/Zip: TIPP CITY, OH 45371-2950 CID#: Dept: 664 FOB: <input type="checkbox"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
THIRD PARTY FREIGHT CHARGES BILL TO:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
Name: Address: City/State/Zip:		SPECIAL INSTRUCTIONS:										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
209995259	13	34.05	Y N	
Grand Total	13	34.05		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	34.05		Shower curtain	49385	77.5
1		13		84.05		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.

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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	<p style="text-align: right;">Shipper Signature</p> 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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