

Div	Date	Invoice	Ref/Batch No.	Gross	Inv. Adj.	Disc. Amt	Net Amount	Store
797	2019-03-20	4697267	019107	2,998.02	0.00	0.00	2,998.02	0
797	2019-03-20	4697266	019107	11,270.60	0.00	0.00	11,270.60	0
797	2019-03-20	4697265	019107	12,893.28	0.00	0.00	12,893.28	0
797	2019-03-20	4697264	019107	1,455.20	0.00	0.00	1,455.20	0
797	2019-03-19	4696556	019107	7,344.55	0.00	0.00	7,344.55	0
701	2019-03-23	003001902350	19084FMSBT	74.09	0.00	0.00	74.09	00300
701	2019-04-18	701-NCF-0085955	AT-0104200	-500.00	0.00	0.00	-500.00	0
701	2019-04-01	701-5456854	AT-0104179	-834.17	0.00	0.00	-834.17	0
701	2019-04-18	701-NCF-0085954	AT-0104200	-500.00	0.00	0.00	-500.00	0
701	2019-04-18	701-NCF-0085953	AT-0104200	-500.00	0.00	0.00	-500.00	0
092	2019-04-18	092-A1903-92079	AT-0118929	-458.83	0.00	0.00	-458.83	0

CALL DIV 092 855-574-2228

12144408

CB 1901329

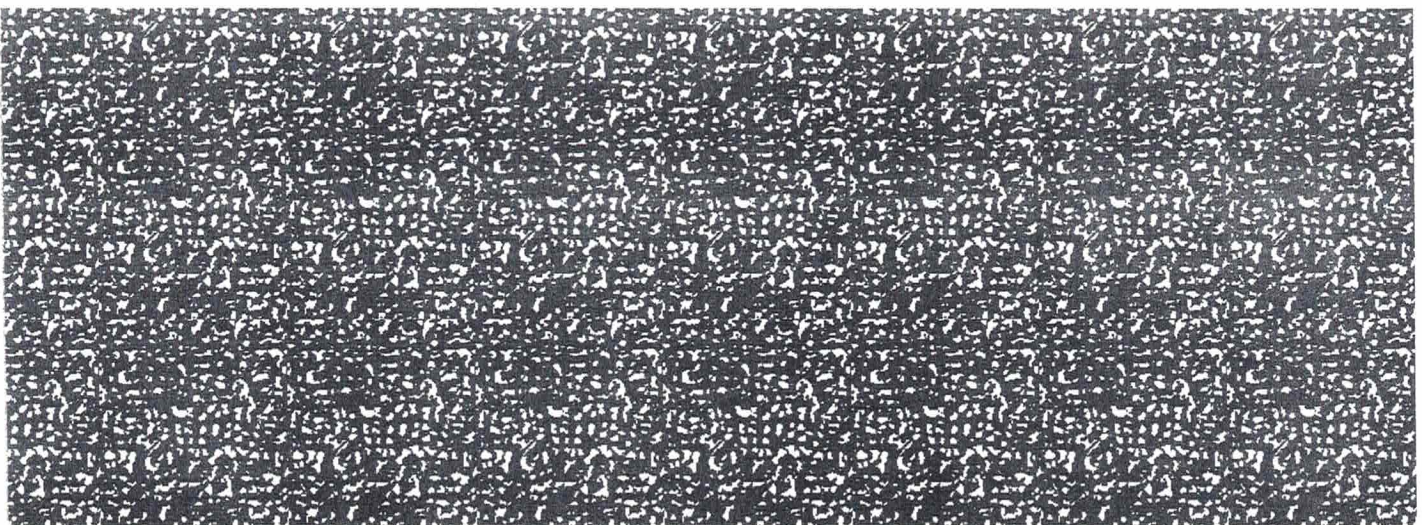
ENTERED MAY 03 2019

701	FRED MEYER								
TELEPHONE	PAYEE NO.	DATE	BANK	CHECK NO.	TOTALS				
855-574-2228	10316750	APRIL 22, 2019	22	7140197	33,242.74	0.00	0.00		33,242.74

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-0085955**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 03
Date: 04/17/2019

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

PAY TO #: 10316750

ME#: 10316702

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: EM55790

For Office Use Only

437 40-6040 000 PO#:96970668 Dept:83 Class:809 Loc: (500.00)

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

PO21M01

FRED MEYER

Vendor	10316702	E & E CO DBA JLA- RMA BLANKETS	
Order number	96970668	PO type	ME MERCHANDISE
Order status	ON OPEN ORDER	Confirmation N	EDI Y
Order source	RM REPLENISHMENT	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30	FOB point	FOB SHIP POINT
Freight PP COL ...	CO PP Qlfr	0	
Effective terms ..	ROG RECEIPT OF	GOODS	
Order date	03/18/19	Cancel Vend Pre-ticket	N
Order proc time	9 Days	Ship date	03/18/19
Rsc Instr		Ship PO complete	Y
Transit time	3 Days		
Earliest arrival date ..	03/30/19		
Cancel date	03/27/19		
Last arrival date	03/30/19	Created by	POB0025

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

ORIGINAL

Date 3/28/2019 9:34:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000311934		
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000311934	CARRIER NAME: Market Transport Responsible Acct.No: _____ Trailer number: mtz3273 Seal number(s): 22413794 SCAC: MKET 2612758 Pro Number: _____	
City/State/Zip: Woodland, CA 95776	PHONE: (530)669-5991			Drop load/case fl. pending: _____ Unit ct. pending: _____
VENDOR: 10316700	FOB: <input type="checkbox"/>			Pre-Paid: _____ Collect: _____ LTL: _____
SHIP TO				Receiver: <u>Cross</u> Date: <u>4-4-19</u> Case count verified by: <u>[Signature]</u> Case Count: <u>110</u> Short: _____ Over: _____ Pack list included with product: Yes _____ No _____ Charge back completed: Yes _____ No _____
Name: Fred Meyer Stores	Location #: 00790880944 61	THIRD PARTY FREIGHT CHARGES BILL TO:		
Address: Chehalis RSC DC - Home/HCC	City/State/Zip: Chehalis, WA 98532-8716	Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Packing List is Attached MKET 2612758		
CID#: _____	FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) _____ Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: 10:00 AM Actual Driver Arrival Time: 9:30 AM Driver Departure Time: 10:10 AM		

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
0096970168 <u>62096</u>	424	2889.36	Y	N	18 PLS
0096970169 <u>11557</u>	754	4593.08	Y	N	
0096970668 <u>62094</u>	416	2723.46	Y	N	
Grand Total	1594	10205.90			

CARRIER INFORMATION					PACKAGE		
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY	TYPE	QTY	TYPE		<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>		
19	ctns				Comforters, Bedspreads	49017	200
754	ctns				Mattress Pads	149265	100
405	ctns				Pillows, Valance, Towels <u>TRI # 2273</u>	49390	100
10	ctns				Runners, Placemats, Napkins <u>DSV # 2612758</u>	49505	77.5
406	ctns				Throws, Blankets <u>FM # 1190403998003</u>	49040	150
1594					<u>Seal # 22413794</u>		

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. SHIPPER SIGNATURE / DATE <u>[Signature]</u> <u>MO3-28</u>	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature <u>[Signature]</u>	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. 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
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