

Div	Date	Invoice	Ref/Batch No.	Gross	Inv. Adj.	Disc. Amt	Net Amount	Store
797	2019-04-02	4711345	019128	2,350.79	0.00	0.00	2,350.79	0
701	2019-04-25	701-NCF-0086123	AT-0104251	-500.00	0.00	0.00	-500.00	0
701	2019-04-25	701-NCF-0086112	AT-0104251	-94.02	0.00	0.00	-94.02	0

Handwritten: 12144862
Handwritten: 12144864

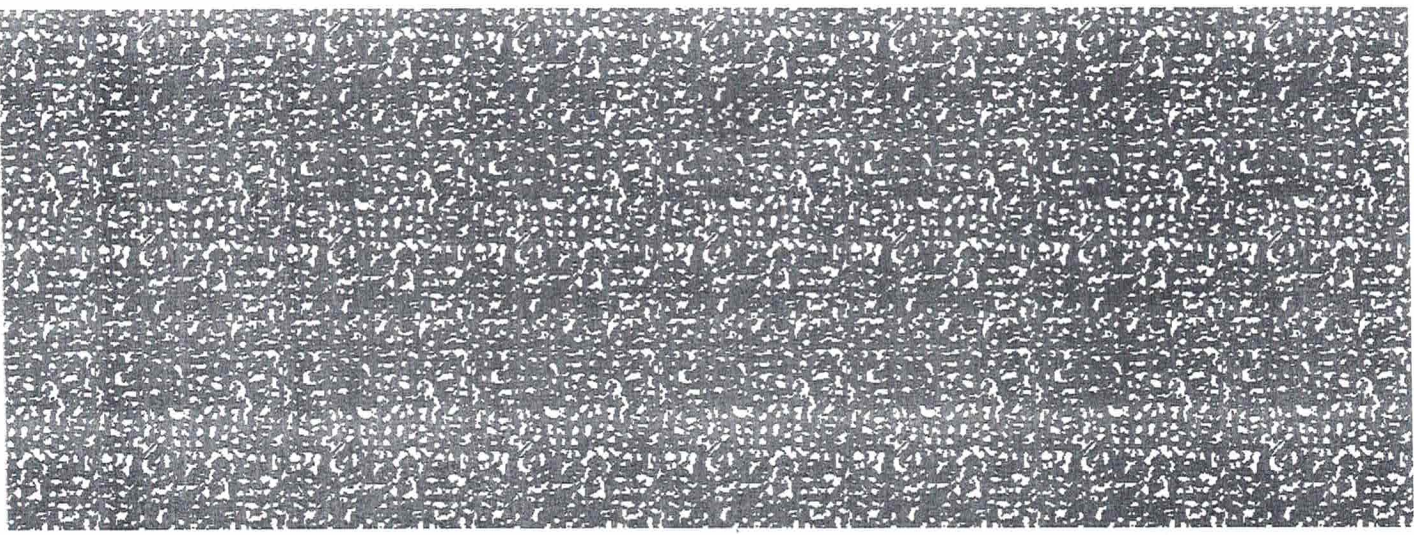
Handwritten: CB1901615

ENTERED MAY 17 2019

701	FRED MEYER								
TELEPHONE	PAYEE NO.	DATE	BANK	CHECK NO.	TOTALS				
855-574-2228	26321050	MAY 13, 2019	16	3072375	1,756.77	0.00	0.00		1,756.77

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-0086123**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 03
Date: 04/24/2019

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

PAY TO #: 26321050

ME#: 26321002

Amount: 500.00

Early shipment

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

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

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:96205563 Dept:86 Class:858 Loc: (500.00)

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

PO21M01

Inquire Order Terms and Conditions FRED MEYER

Vendor	26321002	JLA ART/E&E-858/PROMO/B.ASN	
Order number	96205563	PO type	ME MERCHANDISE
Order status	ON OPEN ORDER	Confirmation N	EDI Y
Order source	PO PURCHASE ORDER	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30		
Freight PP COL ...	CO PP Qlfr	0	FOB point WOODLAND, CA
Effective terms ..	ROG RECEIPT OF GOODS		
Order date	02/14/19	Cancel Vend Pre-ticket	N
Order proc time	9 Days	Ship date	04/18/19 <i>aw</i>
Rsc Instr		Ship PO complete	Y
Transit time	5 Days		
Earliest arrival date ..	04/23/19		
Cancel date	04/23/19 <i>aw</i>	Created by	TFS6319
Last arrival date	04/28/19		KAYVON BAHMANY

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

4/16/19

Date: 4/16/2019 10:14:43 AM

Bill Of Lading

SHIP FROM
 Name: E&E Co., Ltd. dba JLA Art
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 26321001

Bill of Lading Number: 06757163000315888

 (402)06757163000315888

SHIP TO
 Name: FRED MEYER D.C. #00461 Location #: 00461
 Address: CHEHALIS RTS SERVICE CENTER
 224 MAURIN ROAD,
 City/State/Zip: CHEHALIS, WA 98532-8716
 CID#: 0086

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: J2020
 Seal number(s): 22413711
 SCAC: MKET
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: MKET2615816
 Packing List is Attached

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
 Appointment Time: 10:00 AM PM
 Actual Driver Arrival Time: 9:45 AM PM
 Driver Departure Time: 10:30 AM PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
0096205563	1590	7769.30	Y	N		
Grand Total	1590	7769.30				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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 350			
15	Pallet			750.00		Pallet			
		1590	ctns	7769.30		Framed Goods		76580 Sub 5	125
15		1590		8519.30		Grand Total			

TRL # J2020
 DSV # 2615816
 FM #
 Seal # 22413711

Drop load/case ct. pending _____ Unit ct. pending _____
 Pre-Paid Collect LTL
 Receiver: *[Signature]* Date: *[Date]*
 Case count verify *[Signature]*
 Case Count Short _____ Over _____
 Pack list included with product Yes No _____
 Charge back completed Yes No _____
 Concealed shortage detected: _____

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 _____

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.
[Signature] 4/16/19

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.
[Signature] 4-16-19