

Div	Date	Invoice	Ref/Batch No.	Gross	Inv. Adj.	Disc. Amt	Net Amount	Store
797	2019-05-09	4745961	019162	8,802.32	0.00	0.00	8,802.32	0
797	2019-05-09	4746601	019162	4,441.72	0.00	0.00	4,441.72	0
797	2019-05-09	4745963	019162	2,014.08	0.00	0.00	2,014.08	0
797	2019-05-09	4745962	019162	7,543.93	0.00	0.00	7,543.93	0
701	2019-05-26	701-5464652	AT-0104378	-172.88	0.00	0.00	-172.88	0
701	2019-06-13	701-NCF-0087759	AT-0104434	-500.00	0.00	0.00	-500.00	0
092	2019-06-05	701-G1905-32626	AT-0119319	-62.25	0.00	0.00	-62.25	0

CALL DIV 092 855-574-2228

12146887

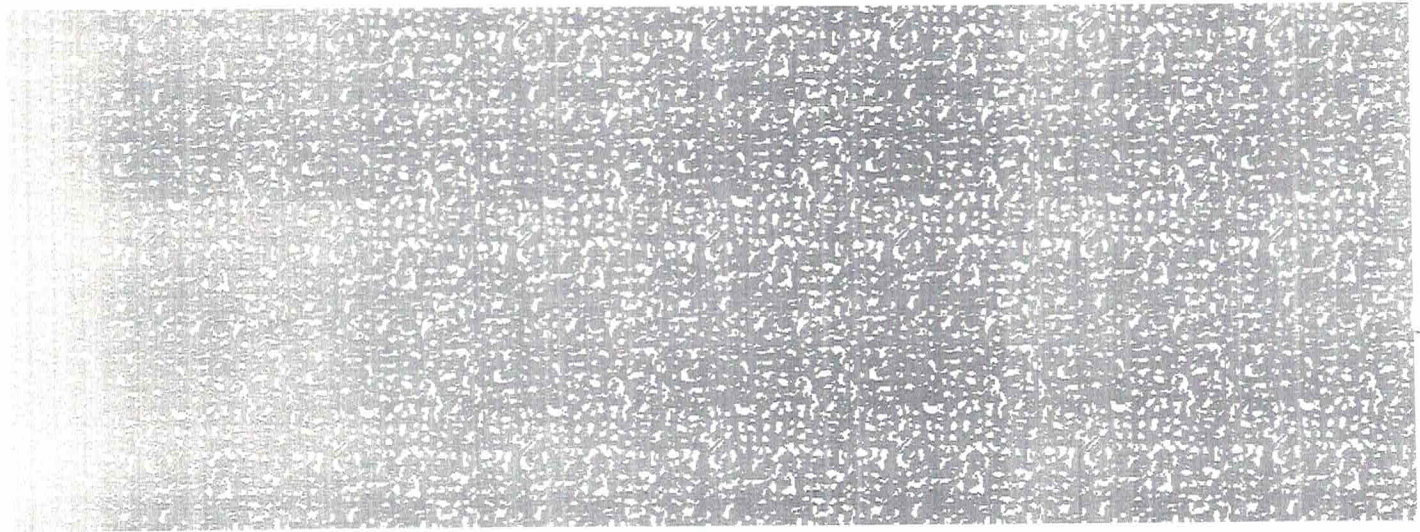
CB

ENTERED JUN 21 2019

701	FRED MEYER								
TELEPHONE	PAYEE NO.	DATE	BANK	CHECK NO.	TOTALS				
855-574-2228	10316750	JUNE 14, 2019	16	3170193	22,066.92	0.00	0.00	22,066.92	

LG15

WHICH 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-0087759**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 05
Date: 06/11/2019

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: KM56589

For Office Use Only

437 40-6040 000 PO#:98403827 Dept:83 Class:809 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	10316702	E & E CO DBA JLA- RMA BLANKETS	
Order number	98403827	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	05/20/19	Cancel Vend Pre-ticket N	
Order proc time	9 Days	Ship date	05/20/19
Rsc Instr		Ship PO complete	Y
Transit time	3 Days		
Earliest arrival date ..	06/01/19		
Cancel date	05/29/19		
Last arrival date	06/01/19	Created by	POB0025

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

Date: 5/30/2019 1:22:37 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM

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

Master Bill of Lading Number: 06757163000328864

DISP 2623863
 TRK 4546

SHIP TO

Name: Fred Meyer Stores DC#: 00790880
 94461
 Div.
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 SID#: _____ FOB:

CARRIER NAME: Market Transport

TRK 3303

Trailer number: 3303

Seal number(s): 2925595

RI # 3303

SCAC: MKET

DSV # 2623863

Pro Number:

FM # 1190604998005

Seal # 2925595

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid:

Collect:

3rd Party:

(check box)

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

Appointment Time

10:00 AM
 EDT

Actual Driver Arrival Time

10:00 AM
 EDT

Driver Departure Time

1:30 AM
 EDT

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN.	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
0098404041 80325	212	1004.46	Y N	06757163000328468	007908809446 1	
0098403827 80329	245	1854.47	Y N	06757163000328468	007908809446 1	
0098403829 80328	660	4820.12	Y N	06757163000328468	007908809446 1	
0098403858 80327	459	2806.78	Y N	06757163000328468	007908809446 1	
0098411811 80321	1343	5696.81	Y N	06757163000326617	007908809446 1	
Grand Total	2919	16182.64				

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	Unit of packing	LTL ONLY
26	Pallet	1300.00		Comforters, Bedspreads		70
	40 ctns	1070.44				200

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 _____

Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged to ensure safe transportation. Ordinary care. See Section 2(e) of NMFC item 369.

Commodities with product Yes No
 Terms completed 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] 5/30/19

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] 5/30/19

Date: 5/30/2019 1:22:37 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000328864	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Market Transport	
Name:	Fred Meyer Stores	DC#:	00790880 94461
Address:	Chehalis RSC DC - Home/HCC 224 Maurin Rd., 0079088094461		
City/State/Zip:	Chehalis, WA 98532-8716		
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: MKET 2623863		AM PM	AM PM
		Driver Departure Time	AM PM

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE				149265	100
		459	ctns	2806.78		Mattress Pads	149265	100
		2174	ctns	10439.93		Pillows,Valance,Towels	49390	100
		17	ctns	210.44		Runners, Placemats, Napkins	49505	77.5
		229	ctns	1655.05		Throws,Blankets	49040	150
- 26				17482.64		Grand Total		

<p>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 _____</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE</p> <p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p>	