



REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0088758**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 06
Date: 07/11/2019

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

PAY TO #: 10316750

ME#: 26321007

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: GD11362

For Office Use Only

437 40-6040 000 PO#:98967545 Dept:83 Class:939 Loc: (500.00)

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

Vendor	26321007	JLA/E & E CO LTD	PO type	ME MERCHANDISE
Order number	98967545		Confirmation N	EDI
Order status	ON OPEN ORDER			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	06/17/19		Cancel Vend Pre-ticket	N
Order proc time	9 Days		Ship date	06/17/19
Rsc Instr			Ship PO complete	Y
Transit time	3 Days			
Earliest arrival date ..	06/29/19			
Cancel date	06/26/19			
Last arrival date	06/29/19		Created by	POB0025

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

2629345

Date: 6/27/2019 12:28:33 PM

Bill Of Lading

Page 1 of 2

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920



(402)06757163000336920



SHIP TO

Name: Fred Meyer Stores Location #: 00790880944
 61
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport

Responsible Acct.No:

Trailer number: 3445

Seal number(s): 25002695 0299695

SCAC: MKET

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

City/State/Zip: TRL # 3445
 DSV # 2629345
 SPECIAL INSTRUCTIONS: FM # 119070297800
 Load #: MKET 2629345 Seal # 0299695
 Packing List is Attached

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time: 12:00 AM
 Actual Driver Arrival Time: 11:39 AM
 Driver Departure Time: 12:45 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Drop	ADDITIONAL SHIPPER INFO
0098967259 - 88773	199	1669.79	Y N	Pre-Paid	7-8-79
0098967261 - 88722	833	6132.52	Y N	Receiver	Naith Denny 7-5-19
0098967262 - 88771	555	4607.34	Y N	Case Count	169 Short Over
0098967545 - 88770	169	832.90	Y N	Pack list included with product	Yes No
Grand Total	1756	13242.55		Change back completed	Yes No

CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
17		Pallet	850.00		Pallet		
	37	ctns	1073.95		Comforters, Bedspreads	49017	200
	555	ctns	4607.34		Mattress Pads	149265	100
	958	ctns	5812.35		Pillows, Valance, Towels	49390	100
	17	ctns	201.64		Runners, Placemats, Napkins	49505	77.5

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] 6/27/19

Trailer Loaded: Freight Counted:
 By Shipper
 By Driver
 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] 6/27/19

SHIP FROM						Bill of Lading Number: 06757163000336920			
Name: E & E COMPANY LTD						 (402)06757163000336920			
Address: 221 Hanson Way									
City/State/Zip: Woodland, CA 95776									
PHONE: (530)669-5991 FOB: <input type="checkbox"/>									
VENDOR: 10316700						CARRIER NAME: Market Transport			
SHIP TO						Responsible Acct.No:			
Name: Fred Meyer Stores Location #: 00790880944 61						Trailer number: 3445			
Address: Chehalis RSC DC - Home/HCC						Seal number(s): 25002695			
224 Maurin Rd., 0079088094461						SCAC: MKET			
City/State/Zip: Chehalis, WA 98532-8716						Pro Number: N/A			
CID#: FOB: <input type="checkbox"/>									
Dept: 0083									
THIRD PARTY FREIGHT CHARGES BILL TO									
Name:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Address:									
City/State/Zip:						Prepaid: Collect: X 3rd Party:			
SPECIAL INSTRUCTIONS: Load #: MKET-2629345 Packing List is Attached						<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
						(check box)			
Appointment Time			Actual Driver Arrival Time			Driver Departure Time			
AM			AM			AM			
PM			PM			PM			
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		PACKAGE	
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		NMFC #	CLASS
		189	ctns	1547.27		Throws, Blankets		49040	150
17		1756		14092.55		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"/>		
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>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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		
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.			