



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

Invoice# **701-NCF-0088763**
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#: 10316703

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#:98967261 Dept:83 Class:809 Loc: (500.00)

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

PO21M01

FRED MEYER

Vendor	10316703	E & E CO DBA JLA RMA SHEETS		
Order number	98967261		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			
Freight PP COL ...	CO	PP Qlfr	0	FOB point
Effective terms ..	ROG	RECEIPT OF GOODS		FOB SHIP POINT
Order date	06/17/19		Cancel Vend Pre-ticket	N
Order proc time	9 Days		Ship date	06/17/19
Rsc Instr				
Transit time	3 Days		Ship PO complete	Y
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

FOB:

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#: _____ FOB:
 Dept: 0083

CARRIER NAME: Market Transport

Responsible Acct.No:

Trailer number: 3445

Seal number(s): 26002605 **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**

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: MKET 2629345

FM # **119070299800**

Master Bill of Lading: with attached underlying Bills of Lading

Packing List is Attached

Seal # **0299695**

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM <input checked="" type="radio"/> PM	11:39 AM <input checked="" type="radio"/> PM	12:45 AM <input checked="" type="radio"/> PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Drop Release to Receiver	ADDITIONAL SHIPPER INFO
0098967259 - 88773	199	1669.79	Y N	Pre-Paid	7-8-79
0098967261 - 88722	833	6132.52	Y N	Receiver	March 02, 19
0098967262 - 88771	555	4607.34	Y N	Case Count	833 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 <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
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 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.

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:

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] 6/27/19

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

Bill Of Lading

Page 2 of 2

SHIP FROM						SHIP TO		
Name: E & E COMPANY LTD						Bill of Lading Number: 06757163000336920		
Address: 221 Hanson Way						 (402)06757163000336920		
City/State/Zip: Woodland, CA 95776								
PHONE: (530)669-5991						CARRIER NAME: Market Transport		
VENDOR: 10316700						Responsible Acct.No:		
Name: Fred Meyer Stores						Trailer number: 3445		
Location #: 00790880944						Seal number(s): 25002695		
Address: Chehalis RSC DC - Home/HCC						SCAC: MKET		
224 Maurin Rd., 0079088094461						Pro Number: N/A		
City/State/Zip: Chehalis, WA 98532-8716								
CID#:								
Dept: 0083								
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:						Prepaid: Collect: X 3rd Party:		
City/State/Zip:						<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS:						Appointment Time		
Load #: MKET-2629345						Actual Driver Arrival Time		
Packing List is Attached						Driver Departure Time		
						AM AM AM		
						PM PM PM		
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
		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 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.

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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.

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.