

Routing Sheet (R201908071223362)



Routing No.:	R201908071223362	Customer:	BLK	Location:	SV2
Ship To:	0737	Shipping Date:	08/07/2019	Cancel After Date/In DC Date:	08/16/2019
Total Cube:	119.88	Adjusted Percent(%):	15.00	Adjusted Cube:	137.88
Total Ctns/Units:	58/58	Total Weight:	499.54	Actual Ship Date:	08/07/2019
Estimated Pallet Count:	2	Estimated Pallet Weight(LB):	100.00	Routing:	
Carrier:		Freight Term:	Collect	Ship Method:	
Batch No.:	B20190802102417	Lane:		Customer PO No:	3614754

Instruction:



Cust. PO No.	E&E SO No.	Shipping Date	Cancel After Date	In DC Date	Mark for	Item No.	Item Info.	Class	Qty To Ship	Case Pack	Total Ctns	Ctn Weight (LB)	Total Weight (LB)	Ctn Cube	Total Cube
3614754	5098307	8/7/2019	8/16/2019		0553	BK10-1870	086569244994 K Ari Comforter Set N/A	200	3	1	3	9.25	27.75	2.26	6.78
3614754	5098308	8/7/2019	8/16/2019		0555	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098308	8/7/2019	8/16/2019		0555	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098310	8/7/2019	8/16/2019		0581	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098310	8/7/2019	8/16/2019		0581	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098321	8/7/2019	8/16/2019		0620	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098321	8/7/2019	8/16/2019		0620	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098324	8/7/2019	8/16/2019		0639	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098324	8/7/2019	8/16/2019		0639	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098326	8/7/2019	8/16/2019		0663	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098326	8/7/2019	8/16/2019		0663	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098338	8/7/2019	8/16/2019		0682	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098338	8/7/2019	8/16/2019		0682	BK10-1870	086569244994 K Ari Comforter Set N/A	200	4	1	4	9.25	37.00	2.26	9.04
3614754	5098340	8/7/2019	8/16/2019		0688	BK10-1869	086569244987 Q Ari Comforter Set N/A	200	4	1	4	7.93	31.72	1.86	7.44
3614754	5098340	8/7/2019	8/16/2019		0688	BK10-1870	086569244994 K Ari Comforter Set N/A	200	3	1	3	9.25	27.75	2.26	6.78

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Estimated Pallet Count:	2	Estimated Pallet Weight(LB):	100.00	Routing:	
Carrier:		Freight Term:	Collect	Ship Method:	
Batch No.:	B20190802102417	Lane:		Customer PO No:	3614754
Instruction:					



Item Summary:

<u>Item No.</u>	<u>UPC</u>	<u>Item Desc.</u>	<u>Class</u>	<u>Rev.</u>	<u>Rev. Desc.</u>	<u>Total Qty to Ship</u>	<u>Case Pack</u>	<u>Total Cnts</u>	<u>Total Weight(LB)</u>	<u>Total Cube</u>
BK10-1869	086569244987	Q Ari Comforter Set	200			28	1	28	222.04	52.08
BK10-1870	086569244994	K Ari Comforter Set	200			30	1	30	277.50	67.80

SHIP FROM		Master Bill of Lading Number: 06757166000445661	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Belk 0737 DC#: 0737 Div. _____ Address: 120 Belk Court 0737 City/State/Zip: Blythewood, SC 29016 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 1088 Seal number(s): 2200572 SCAC: HJBT Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 2108881 4397351		Appointment Time Actual Driver Arrival Time Driver Departure Time 15:00 ^{AM} 19:47 ^{PM} 13:56 ^{PM}	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
3614754	585	4996.77	Y	N	06757166000445579	0737	
3614754	58	499.54	Y	N	06757166000445586	0737	
3614753	662	7121.88	Y	N	06757166000445579	0737	
Grand Total	1305	12618.19					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1305	ctns			12618.19		Comforters, Bedspreads	49017	200
1305				12618.19		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"/>
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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.	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>
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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. <i>A/d 8-16-19.</i>	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. <i>A. J. Law 8/16/19</i>
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Date: 8/16/2019 3:55:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Belk 0737 Location #: 0737
Address:	550 Northport Pkwy	Address:	120 Belk Court
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Blythewood, SC 29016
SID#:		CID#:	
PHONE:		Dept:	0747
VENDOR:	9200233	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757166000445579		Trailer number: 1088	
		Seal number(s): 2200572	
(402)06757166000445579		SCAC: HJBT	
CARRIER NAME: JB Hunt Transport		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Appointment Time		Master Bill of Lading: with attached underlying Bills of Lading	
AM	Actual Driver Arrival Time	AM	Driver Departure Time
PM	PM	PM	PM
SPECIAL INSTRUCTIONS: Ship ID #2108881 4397351			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3614753	662	7121.88	Y	N	
3614754	585	4996.77	Y	N	
Grand Total	1247	12118.65			

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
1247	ctns			12118.65		Comforters, Bedspreads	49017	200
1247				12118.65		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: 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.

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.