

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)  
 Valid as of: 12/25/2019 8:32:57 PM EST  
 Division: Macy's Account #: 05390993890  
 Vendor Name: E & E CO LTD  
 Document Number: 4931952  
 Department/Vendor: 606/938

## Check Summary

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Check Number: 1846408  
 Check Date: 12/18/2019  
 Purchase Order Number: 5868883

## Transaction Summary

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Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$905)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

## Style Summary

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Receipt Number: 5154411-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$100.00	\$0.00		\$0.00	-100

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Date: 10/28/2019 8:41:47 AM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000387700	
Name: <b>E &amp; E COMPANY LTD</b>	Address: 221 Hanson Way	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME: Hub Group</b>	
Name: <b>Macy's Home MMG</b>	DC#: 0970	Trailer number: HGIU509201	Seal number(s): 27709762
Address: 7145 Rickenbacker Parkway W	Div. _____	SCAC: HUBG	
City/State/Zip: Columbus, OH 43217	SID#: _____ FOB: <input type="checkbox"/>	Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: Macy's c/o Hub Group	Address: 2000 Clearwater Dr	Prepaid: <input type="checkbox"/>	Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>
City/State/Zip: Oak Brook, IL 60523	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING		
<b>SPECIAL INSTRUCTIONS:</b> Load #: 50355758		Appointment Time 8:00 AM PM	Actual Driver Arrival Time 7:40 AM PM
		Driver Departure Time 8:55 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5868883	182	5005.78	Y	N	06757163000387540	OH	
5869301	180	4963.00	Y	N	06757163000387540	OH	
<b>Grand Total</b>		362	9968.78				

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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
23	Pallet			1150.00		Pallet		70
		362	ctns	9968.78		Comforters, Bedspreads	49017	200
23				11118.78		<b>Grand Total</b>		

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

<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small> 	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small> 
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Date: 10/28/2019 8:41:42 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Columbus DC Location #: OH
Address:	221 Hanson Way	Address:	7145 Rickenbacker Parkway W
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Columbus, OH 43217
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000387540		Trailer number: HGIU509201	
		Seal number(s): 27709762	
(402)06757163000387540		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: <input type="checkbox"/>	
Master Bill of Lading: with attached (check box)		3rd Party: X	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Macy's c/o Hub Group	
Address:		2000 Clearwater Dr	
City/State/Zip:		Oak Brook, IL 60523	
SPECIAL INSTRUCTIONS:			
Load #: 50355758			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5868883	182	5005.78	Y N	
5869301	180	4963.00	Y N	
<b>Grand Total</b>	<b>362</b>	<b>9968.78</b>		

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
23	Pallet			1150.00		Pallet		
		362	ctns	9968.78		Comforters, Bedspreads	49017	200
23		362		11118.78		<b>Grand Total</b>		

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.

Customer: MACY'S HOME STORE COLUMBUS DC

Ship Date: 10/28/2019

**SHIP FROM:**

E & E COMPANY LTD  
221 HANSON WAY  
WOODLAND, CA 95776

**BILL TO:**

MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**

MACY'S HOME STORE COLUMBUS DC  
7145 RICKENBACKER PARKWAY W  
COLUMBUS, OH 43217  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5868883	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	160	80	160	80
5868883	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	174	87	174	87
5868883	N/A	MCH10-1562	086569279620	Amherst CK Comforter Set	EA	2	30	15	30	15
5869301	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	160	80	160	80
5869301	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	190	95	190	95
5869301	N/A	MCH10-1574	086569279743	Belagio CK Comforter Set	EA	2	10	5	10	5


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Total Weight:	9968.78
Total Quantity Ordered:	724
Total Cartons Ordered:	362
Total Quantity Shipped:	724
Total Cartons Shipped:	362

Date: 10/28/2019 8:41:42 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000387540										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000387540										
SHIP TO		CARRIER NAME: Hub Group										
Name: Macy's Home Store Columbus DC Location #: OH Address: 7145 Rickenbacker Parkway W City/State/Zip: Columbus, OH 43217 CID#: _____ Dept: 0606		Responsible Accl.No: _____ Trailer number: HGIU509201 Seal number(s): 27709762 SCAC: HUBG Pro Number: N/A										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Macy's c/o Hub Group Address: 2000 Clearwater Dr City/State/Zip: Oak Brook, IL 60523		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
SPECIAL INSTRUCTIONS: Load #: 50355758 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5868883	182	5005.78	Y	N	
5869301	180	4963.00	Y	N	
<b>Grand Total</b>	<b>362</b>	<b>9968.78</b>			

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
23	Pallet			1150.00		Pallet		
		362	ctns	9968.78		Comforters, Bedspreads	49017	200
23		362		11118.78		<b>Grand Total</b>		

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.  _____ 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: <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.	









