


Date: 10/29/2019 1:32:18 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Name: DOLGEN - SCOTTSVILLE DC    Location #: 96000 Address: 427 Beech Street 96000 City/State/Zip: Scottsville, KY 42164-1698 CID#: _____ Dept: 00		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Packing List is Attached										
Bill of Lading Number: 06757163000389032  (402)06757163000389032		CARRIER NAME: USF REDDAWAY Responsible Acct.No: _____ Trailer number: 289108 Seal number(s): _____ SCAC: RETL Pro Number: 51531010033		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____    Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box)    Master Bill of Lading: with attached underlying Bills of Lading										
FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">P.L    AM</td> <td style="text-align: center;">P.L    AM</td> <td style="text-align: center;">P.L    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> </tbody> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	P.L    AM	P.L    AM	P.L    AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
P.L    AM	P.L    AM	P.L    AM												
PM	PM	PM												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
19CL41	39	430.23	Y    N		
Grand Total	39	430.23			

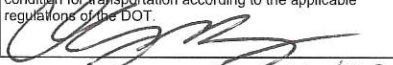
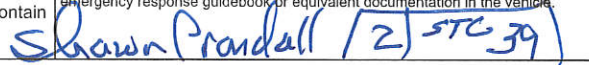
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		30	ctns	398.10		Mattress Pads	149265	100
		9	ctns	32.13		Pillows, Valance, Towels	49390	100
2		39		530.23		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.
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<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>  10/29/19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <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> 10-29 <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>  (2) STG 39
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Order No.: 5211130    Order Date: 10/15/2019    Customer: DOLGEN - SCOTTSVILLE DC    Customer PO No.: 19CL41

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	<b>Shipping Date:</b> 10/29/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	240	30	240	30
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

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<b>Total Weight:</b>	<b>430.23</b>
<b>Total Quantity Ordered:</b>	<b>348</b>
<b>Total Cartons Ordered:</b>	<b>39</b>
<b>Total Quantity Shipped:</b>	<b>348</b>
<b>Total Cartons Shipped:</b>	<b>39</b>