

CB2000443

PET FOOD EXPRESS

Corporate Office
500 - 85th Avenue, Oakland, CA 94621-1304
Corporate Phone : (510) 924-3300

PFE CORPORATE - VENDOR DISCREPANCY NOTICE

REFERENCE #: V 4987468 ADJ

Please reference this number on all corresponding paperwork

Store WAREHOUSE
Contact Gloria Velo
Email Accounting@PetFoodExpress.com
Phone (510) 924-3332
Fax (510) 346-9931

Vendor E & E CO LTD
FAX# 810-490-2804
PO # 272957

Invoice # 4987468

The following discrepancies refer to the invoice indicated. Please adjust our account accordingly.

MFR#	UPC	ITEM DESCRIPTION	QTY RECEIVED	QTY INVOICED	QTY DAMAGED	TOTAL DIFF	UNIT COST	TOTAL DISCREPANCY	INFO CODE*	NOTES
PET63PC4885	0865699570801	JLA BED COUGH 27X35 6V	48	52		(4)	\$22.50	(90.00)	SH	SHORT
PET63PC4887	0866569927818	JLA BED COUGH 27X35 BR	32	36		(4)	\$22.50	(90.00)	SH	SHORT
PET63PC4886	0086569957825	JLA BED COUGH 34X42 6V	0	4		(4)	\$26.50	(106.00)	SH	SHORT
PET63PC4888	0096569957832	JLA BED COUGH 27X35 BR	80	84		(4)	\$26.50	(106.00)	SH	SHORT
PET63PC4732R	0675716965136	JLA BED ORTHI COUGH 6V	20	22		(2)	\$46.62	(93.24)	SH	SHORT
						0		0.00		
						0		0.00		

TOTAL ADJUSTMENT AMOUNT \$ (485.24)

DELIVERY DATE: 12/16/2019
DELIVERED VIA: OA EXPRESS
Vendor Notified by: Accounting@PetFoodExpress.com

Notified Via/Date Stamp: _____

Notes: This amount will be adjusted to your invoice number noted above.

INPO CODES:

SH - Shortage
MK - Merchandise PFE will keep

RV - Return to Vendor
RW - Return to Vendor via PFE Warehouse

DP - Damaged Product Received

Driver Signature

Date

PFE Store: Please fax this form to Gloria Velo, (510) 346-9931, when the driver has picked up the product.

WOP

VENDOR COPY

232631

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
VENDOR RB19121ACB 4987468ADJ 4987309 4987468 5004034	01/17 12/29/19 12/14/19 12/13/19 12/14/19 12/30/19	E & E CO LTD 2018Q1-4 1%REB/ 272957 272958-2%DMGRBT 272957-2%DMGRBT 274002-2%DMGRBT	CHECK DATE 13236.10- 485.24- 3289.50 9194.63 12139.46	1/31/20 .00 .00 .00 .00 .00	13236.10- 485.24- 3289.50 9194.63 12139.46
ENTERED FEB 03 2020		TOTALS	10902.25	.00	10902.25

DETACH BEFORE DEPOSITING

paid

Date: 12/13/2019 1:40:34 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000403301	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: OA Express	
Customer Code: PETFOOD Name: Distribution Center #09201 Address: 500 85th Avenue City/State/Zip: Oakland, CA 94621 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: W31803 Seal number(s): 27709621 SCAC: OAEI Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: Address: City/State/Zip:		Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #:		Appointment Time 1:00 AM PM	Actual Driver Arrival Time 1:00 AM PM
		Driver Departure Time 1:45 AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO		
				BOL#	DC#	
272958	36	560.16	Y N	06757163000402625	09201	
272957	102	2159.90	Y N	06757163000402601	09201	
Grand Total	138	2720.06				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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						NMFC #	CLASS	
27	Pallet			1350.00		Pallet		70
		143	ctns	2720.06		Pet Accessories or Furniture	2071	300
27				4070.06		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>Also no 12/13/19</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.
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Date: 12/13/2019 1:39:53 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Distribution Center #09201
Address:	221 Hanson Way	Address:	500 85th Avenue
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Oakland, CA 94621
PHONE:	(530)669-5991	CID#:	
VENDOR:		Dept:	
Bill of Lading Number: 06757163000402601		FOB: <input type="checkbox"/>	
			
(402)06757163000402601			
CARRIER NAME: OA Express		Responsible Acct.No:	
Trailer number: W31803		Seal number(s): 27709621	
SCAC: OAEI		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: X Collect: 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		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
272957	102	2159.90	Y N	
Grand Total	102	2159.90		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
21	Pallet			1050.00		Pallet		
		107	ctns	2159.90		Pet Accessories or Furniture	2071	300
21		107		3209.90		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.


Order No.: 5267798 Order Date: 12/03/2019 Customer: DISTRIBUTION CENTER #09201 Customer PO No.: 272957

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: PET FOOD EXPRESS 500 85TH AVENUE OAKLAND, CA 94621-1304 US	SHIP TO: DISTRIBUTION CENTER #09201 500 85TH AVENUE OAKLAND, CA 94621 US	Shipping Date: 12/16/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
26000171765130000	PET63PC4732	675716965136	Pet Couch	EA	2	22	11	22	11
26000171765140000	PET63PC4733	675716965143	Pet Couch	EA	2	72	36	72	36
26000171757800000	PET63PC4885	086569957801	Pet Couch	EA	4	52	13	52	13
26000171757820000	PET63PC4886	086569957825	Pet Couch	EA	4	4	1	4	1
26000171757810000	PET63PC4887	086569957818	Pet Couch	EA	4	36	9	36	9
26000171757830000	PET63PC4888	086569957832	Pet Couch	EA	4	84	21	84	21
26000171765110000	PET63RC4730	675716965112	Rectangular Cuddler	EA	2	16	8	16	8
26000171765120000	PET63RC4731	675716965129	Rectangular Cuddler	EA	2	16	8	16	8

Total Weight:	2159.9
Total Quantity Ordered:	302
Total Cartons Ordered:	107
Total Quantity Shipped:	302
Total Cartons Shipped:	107

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000402625	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: (530)669-5991 VENDOR:		 (402)06757163000402625	
SHIP TO		CARRIER NAME: OA Express	
Name: Distribution Center #09201 Address: 500 85th Avenue City/State/Zip: Oakland, CA 94621 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Traller number: W31803 Seal number(s): 27709621 SCAC: OAEI Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input checked="" type="checkbox"/> Collect: 3rd Party:	
SPECIAL INSTRUCTIONS: 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
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
272958	36	560.16	Y N		
Grand Total	36	560.16			

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		36	ctns	560.16		Pet Accessories or Furniture	2071	300
6		36		860.16		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
<p>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.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p>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.</p>	

Order No.: 5263991 Order Date: 12/03/2019 Customer: DISTRIBUTION CENTER #09201 Customer PO No.: 272958

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	PET FOOD EXPRESS 500 85TH AVENUE OAKLAND, CA 94621-1304 US	DISTRIBUTION CENTER #09201 500 85TH AVENUE OAKLAND, CA 94621 US	12/16/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
26000171765130000 000	PET63PC4732 R	675716965136	Pet Couch	EA	2	72	36	72	36

Total Weight:	560.16
Total Quantity Ordered:	72
Total Cartons Ordered:	36
Total Quantity Shipped:	72
Total Cartons Shipped:	36

