



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

Invoice# **701-NCF-0098596**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 03
Date: 04/08/2020

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#:05832351 Dept:83 Class:809 Loc: (500.00)

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

5347005

PO21M01


FRED MEYER

Vendor 10316703 E & E CO DBA JLA RMA SHEETS
Order number 5832351 PO type ME MERCHANDISE
Order status OM 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 FOB SHIP POINT
Effective terms .. ROG RECEIPT OF GOODS
Order date 03/17/20 Cancel Vend Pre-ticket N
Order proc time 9 Days Ship date 03/17/20
Rsc Instr
Transit time 3 Days Ship PO complete Y
Earliest arrival date .. 03/29/20
Cancel date 03/26/20
Last arrival date 03/29/20 Created by POB0025

Command	Action			
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt	F11=Summary
F12=Cancel	F15=Menu	F18=Vend sel		

SHIP FROM		Bill of Lading Number: 06757163000433193
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000433193
City/State/Zip: Woodland, CA 95776	PHONE: (530)669-5991	
VENDOR: 10316700	FOB: <input type="checkbox"/>	
SHIP TO		

SHIP TO		CARRIER NAME: Market Transport
Name: Fred Meyer Stores	Location #: 00790880944 61	Responsible Acc: <u>Non load/unload of packing</u> <u>Unit of packing</u>
Address: Chehalis RSC DC - Home/HCC 224 Maurin Rd., 0079088094461	City/State/Zip: Chehalis, WA 98532-8716	Trailer number: 36014 <u>Colson X</u>
CID#: Dept: 0083	FOB: <input type="checkbox"/>	Seal number(s): 6058028 <u>D. Cox 4720</u>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid <input checked="" type="checkbox"/> otherwise shortage detected)
Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS: Load #: MKET 2665024 Packing List is Attached	TRL # <u>136014</u> SV # <u>2665024</u> FM # <u>1200402998018</u> Seal # <u>6058028</u>	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box) Appointment Time: <u>11:00</u> <u>AM</u> Actual Driver Arrival Time: <u>10:30</u> <u>AM</u> Driver Departure Time: <u>11:30</u> <u>AM</u>

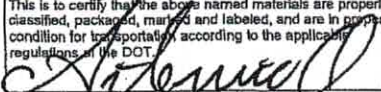
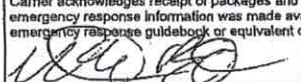
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0005832351 - 72966	605	11330.57	Y N	
Grand Total	605	11330.57		

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	
25	Pallet			1250.00		Pallet			
		491	ctns	9848.57		Comforters, Bedspreads	49017	200	
		114	ctns	1482.00		Throws, Blankets	49040	150	
25		605		12580.57		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: <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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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.  3/31/20	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.  3/31-20
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