

YOUR LOGO HERE

INVOICE

Invoice #	110837177
Invoice Date	8/5/2022
Pro Number	
Service Level	Normal
Paid Date:	

Payable To:

Implementation Demo
3407 S Jefferson Ave
Saint Louis, MO 63118
Tel. (877) 261-4004

Bill To:

Guest Company
PO BOX 107
Orange, CA 92867, US

Shipment Details:

Shipment Date: 3/26/2021
Customer: Guest Company
BOL Number: 110837177
PO Reference:
Shipper Number:
Delivered: None
Delivery Signed By:

Shipment Origin:

SAINT LOUIS, MO 63109
Contact person:
Phone:

Origin Accessorials

None

Shipment Destination:

CHICAGO, IL 60601
Contact person:
Phone:

Destination Accessorials

None

Handling Units	Piece Count	Commodity Description	Class	Weight
1 Pallet	10	freight 40x48x48 in	85	500 lbs
1	10	TOTALS		500 lbs

Shipment Data Audit

This section compares user entered data at the time of booking to verified data reported by the carrier at time of invoicing. No Change means that the audited values have not been changed.

Pricing Changes:	✓ No Changes
Accessorial Changes:	✓ No Changes
Weight Changes:	✓ No Changes
Shipping Location Changes:	✓ No Changes
Freight Class Changes:	✓ No Changes

In the last 6 months, your user entered shipment detail has been accurate on 100% of invoices.

In the last 6 months, this carrier has accurately billed 97% of invoices.

Pricing

Detail	Quantity	Rate	Total
Fuel	1	\$0.00	\$0.00
Linehaul	1	\$106.00	\$106.00
Total Due			\$106.00
Amount Paid			\$(0.00)
Balance Due			\$106.00

Shipment Documents

BOL [110837177 - BOL](#)
POD [110837177 - Invoice #52151 2731517.pdf](#)

****Surface Transportation Board(STB) Requires payment of freight bills within 15 Days****

Thank you for using Implementation Demo.

BILL OF LADING

SHIP FROM	Bill of Lading Number: 110837177
SAINT LOUIS, MO 63109 -	

SHIP TO	
CHICAGO, IL 60601 -	

THIRD PARTY FREIGHT CHARGES BILL TO	Carrier Name: XPO LOGISTICS
Name: Implementation Demo Address: 3407 S Jefferson Ave City/State/Zip: Saint Louis, MO, 63118 Service Level: Normal	Quote ID Number: Pro number:

SERVICE LEVEL: Normal	Freight charge terms: (freight charges are prepaid unless marked otherwise) 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)
-----------------------	--

CUSTOMER ORDER INFORMATION			
CUSTOMER PO NUMBER	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO
	10	500 lbs	PALLET / SLIP (CIRCLE ONE)

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS#
1	Pallet	10	PCS	500 lbs		freight 40x48x48in		85
1		10		500 lbs				

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"/>
--	---

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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation.	Trailer loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. _____ Property described above is received in good order, except as noted.
---	--	---

XPOLogistics

www.xpo.com



CNWY

DELIVERY RECEIPT
XPO CONTRACTUAL COPYPAGE
1 OF 1PRO NUMBER
411-550064

EQUIP NUMBER 315-9779	DATE 06/14/2022	ORIGIN XUA	DESTINATION XCR	OUR REVENUE	ADVANCE	BEYOND	ROUTE DYE 1
--------------------------	--------------------	---------------	--------------------	-------------	---------	--------	-------------------

CONSIGNEE LINN COUNTY REC ERIC TANNER 5695 REC DR MARION, IA US 52302-6218	SHIPPER STANS INDUSTRIAL WOODWORK 251 E INDUSTRIAL AVE LYNDON STATION, WI US 53944-9677	BILL TO	APPT
--	--	---------	------

SHIPPER NUMBERS SN# 113489677 PO# 6133742677323

PCS	HM	DESCRIPTION OF ARTICLES AND REMARKS	WEIGHT (LBS.)	RATE	CHARGES
1		PALLET WOOD STAKES CLASS 50	1800		
1		TOTAL	1800		PPD
PO NUMBERS: 6133742677323, 49538273 STANS INDUSTRIAL MANUFACTURING LLC 1 PLT STC 1 PCS .CONS PH: 319-377-1587.SHP PH: 608-666-3511					

RECEIVED PIECES ABOVE DESCRIBED FREIGHT IN GOOD ORDER EXCEPT AS NOTED	SHRINK WRAP INTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	DELIVERED 1 PIECES	TIME 10 :35	DRIVER SIGNATURE 	DATE 6/15/22
	<input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> RESIDENTIAL DELIVERY	<input type="checkbox"/> LIFTGATE SERVICE <input type="checkbox"/> CONSTRUCTION /UTIL	CONSIGNEE SIGNATURE 	PRINT CONSIGNEE NAME Y TIM HEARNEY	DATE 6/15/22

SUBJECT TO TERMS AND CONDITIONS HEREIN, AND TARIFF CNWY-199 IN EFFECT ON DATE OF SHIPMENT.