



# APPAREL AND GENERAL MERCHANDISE

## Bill of Lading Guideline

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THE GLOBAL LANGUAGE  
OF BUSINESS

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## ABOUT GS1

GS1® is a neutral, not-for-profit, global organization that develops and maintains the most widely-used supply chain standards system in the world. GS1 Standards improve the efficiency, safety, and visibility of supply chains across multiple sectors. With local Member Organizations in over 110 countries, GS1 engages with communities of trading partners, industry organizations, governments, and technology providers to understand and respond to their business needs through the adoption and implementation of global standards. GS1 is driven by over a million user companies, which execute more than six billion transactions daily in 150 countries using GS1 Standards.

## ABOUT GS1 US

GS1 US, a member of the global information standards organization GS1, brings industry communities together to solve supply-chain problems through the adoption and implementation of GS1 Standards. Nearly 300,000 businesses in 25 industries rely on GS1 US for trading-partner collaboration and for maximizing the cost effectiveness, speed, visibility, security and sustainability of their business processes. They achieve these benefits through solutions based on GS1 global unique numbering and identification systems, barcodes, Electronic Product Code (EPC®)-enabled RFID, data synchronization, and electronic information exchange. GS1 US also manages the United Nations Standard Products and Services Code® (UNSPSC®). [www.GS1US.org](http://www.GS1US.org).

## 1 INTRODUCTION

### 1.1 OBJECTIVE

The objective of standardizing the Bill of Lading (BOL) is to help ensure that the shipper, the carrier, and the customer (the consignee) are all getting the information they need for the processing of the goods through the supply chain. ***The standard GS1 US BOL is intended for United States Less Than Truck Load (LTL) and Truck Load (TL) ground transport within the U.S. Included with the standard Bill of Lading form is a standard Bill of Lading Number.*** The Bill of Lading Number has become a critical data element with the advent of the Electronic Data Interchange (EDI) 856 Advance Ship Notice. The standard Bill of Lading form and number will ensure that all key data elements are present and documented in a uniform manner. This will support the needs of all parties in the supply chain as well as support accurate ***EDI 214 Carrier Shipment Status, EDI 212 LTL Delivery Trailer Manifest and the EDI 223 Consolidation Freight Bill transmissions.***

***NOTE: As with all GS1 Standards and solutions, the GS1 US Bill of Lading guideline is voluntary, not mandatory. It should be noted that use of the words “must” and “require” throughout this document relate exclusively to technical recommendations for the proper application of the standard to support the integrity of your implementation.***

### 1.2 RELEASE NOTES

This version has been revised solely to reflect that the materials herein are proprietary to GS1 US following the merger of GS1 US with Voluntary Interindustry Commerce Solutions<sup>®</sup> (VICS<sup>®</sup>) in 2012 and does not contain any other material changes.

### 1.3 OVERVIEW

There continues to be multiple Bill of Lading formats. Differences in Bill of Lading formats decreases the accuracy and productivity of recording shipment data on the forms. It also makes extracting the data for billing and freight settlement purposes very difficult, particularly for carriers and consignees who may process thousands of Bills of Lading every day. As the documents pass through hands and through companies, the data items required at each stop in the process must be located and identified wherever they may appear.

Traditional use of the Bill of Lading was to establish a contract for carriage and as a receipt of goods. The Bill of Lading has become a primary source of information within the supply chain. The Bill of Lading has now taken on much greater importance as it is used for the scheduling and recording of shipments as well as input to carrier EDI transactions. Many shippers have modified the form, in no consistent manner, to fit the requirements of the carrier and the consignee for scheduling and unloading of the shipment.

This guideline addresses these problems in order to reduce processing time and increase Bill of Lading accuracy. As shippers and carriers become familiar with the standardized Bill of Lading, individuals will be able to easily and accurately document and extract information from this form.

## 1.4 BENEFITS OF THE STANDARD FORM

- An established, uniform format for accurate shipment documentation across the supply chain.
- Ease in tracking shipment information using the standard *Bill of Lading Number*.
- A means of barcoding the critical data within the Bill of Lading form for ease in capturing data.
- A reduction in driver and office administrator time used to process information from the Bills of Lading.
- A potential cost reduction through the elimination of redundant forms.
- A reduction in the number of undocumented Purchase Orders received.
- A reduction in the number of incorrect invoices due to unclear freight terms.
- A reduction in denied freight claims due to lack of indication of who is responsible for loading and counting the freight.

## 1.5 CONSIDERATIONS

### 1.5.1 RULES OF USE

It is crucial that all users of the standard Bill of Lading read and understand the rules of use as described in Section 4 of this document. Each rule highlights common misuse of the Bill of Lading today, and how those issues may be avoided with the standard Bill of Lading.

The format of the Bill of Lading provides preprinted headings and areas for recording data elements which are typically associated with every shipment or which have particular significance. These sections shall be filled in with the required information, **but the format must not be changed**. Any less-common data elements shall be recorded in the *Special Instructions* section.

### 1.5.2 LEGAL STATEMENTS

- 1) The section just above the *Shipper Signature* is provided for the legal statement that clarifies which rules and regulations apply to the shipment. The following table provides the recommended legal verbiage options. (Note: “NMFC” refers to the *National Motor Freight Classification*, and “NMFTA” refers to the *National Motor Freight Traffic Association*.)

RECOMMENDED LEGAL VERBIAGE	
Truckload or Non-NMFC LTL Carriers	<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper.</p> <p style="text-align: center;">---OR---</p> <p>Received subject to tariffs, classifications or contracts in effect on the date of issue of this Bill of Lading.</p>
NMFC LTL Carriers (Members of the NMFTA)	<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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.</p>

Table A. Recommended Legal Verbiage

**WARNING: Any reference to the NMFC implies that at least one of the parties involved in the transaction is a member of the NMFTA. The majority of the retail shipments are done under separate contract between the carrier and the party routing and paying the freight expense. Caution should be taken on the legal statement used based on the potential for non-contract shipments initiated and paid for by the shipper.**

- 2) Any legal/liability verbiage within the GS1 US BOL can be modified based on the shippers' internal requirements.
- 3) The legal statements shall be printed in 5-point size and within the space provided.

### 1.5.3 SUPPLEMENT PAGE

This standard Bill of Lading has been developed to accommodate as many shipping situations and needs as possible. The *Supplement Page* has been developed only for those shippers that need additional space in the body of the Bill of Lading to list the *Customer Order Numbers* and *Commodity Descriptions* being shipped. ***The Supplement Page is not required to be used, and shall not be used unless necessary for additional lines.*** It is preferred that only one page includes all the Bill of Lading information.

***Important Note:*** When the *Supplement Page* is used, only the *Grand Total* cartons and weight are to be listed on the first page of the Bill of Lading. The shipper will state "See attached Supplement Page" in the body of the first page of the Bill of Lading, and then list the detail *Customer Order Numbers* and *Commodity Types* on the *Supplement Page* only.

### 1.5.4 PACKING LISTS

***The Bill of Lading is not designed to be a packing list and should not be used as one.*** Please check with trading partners whether any packing list needs to be shipped along with the goods or if it needs to be attached to the Bill of Lading.

### 1.5.5 EDI TRANSACTION SETS

This Bill of Lading does not preclude trading partners from transferring shipment information via EDI transaction sets to further expedite and standardize the data. Although paper copies of the Bill of Lading may be required as a delivery receipt at the consignee facility, this document fully supports related carrier EDI transaction sets. The use of EDI in place of or in addition to the Bill of Lading is strongly encouraged.



## 2 THE STANDARD BILL OF LADING FORM

This chapter presents the standard Bill of Lading form in two versions:

- Traditional portrait layout
- Landscape version (meant for use when the Bill of Lading data is represented by a 2-dimensional barcode affixed to the Bill of Lading)

**Please Note:** The form examples presented in this guideline are scaled to size for the layout requirements of this document. **However, the actual size of the form is the full 8 x 11 inches for both versions.**

**The implementation goal date for use of the standard Bill of Lading form was July 2003.**

**Effective July 1 2003, the GS1 US standard 17-digit BOL number (see section III) became a mandatory part of the GS1 US standard Bill of Lading.**

Please see Section 4 Rules of Use for the Standard Bill of Lading for a detailed explanation of how the form is to be used. In addition, Appendices A-C provide examples of completed GS1 US Bills of Lading for truckload, LTL, and consolidation shipments.

In addition to this guideline, GS1 US provides a suite of reference material for the GS1 US BOL including Frequently Asked Questions (FAQs), process flow documents, an EDI mapping document, routing guides, etc. All of the GS1 US BOL reference materials are available at: [www.gs1us.org/industries/apparel-general-merchandise/workgroups/logistics](http://www.gs1us.org/industries/apparel-general-merchandise/workgroups/logistics)



## 2.1 TRADITIONAL PORTRAIT LAYOUT

Date: _____		<b>BILL OF LADING</b>				Page _____					
<b>SHIP FROM</b>				Bill of Lading Number: _____  <div style="border: 1px solid gray; padding: 5px; text-align: center;">BAR CODE SPACE</div>							
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____      FOB: <input type="checkbox"/>											
<b>SHIP TO</b>				CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____							
Name: _____      Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____      FOB: <input type="checkbox"/>											
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				<div style="border: 1px solid gray; padding: 5px; text-align: center;">BAR CODE SPACE</div>							
Name: _____ Address: _____ City/State/Zip: _____											
SPECIAL INSTRUCTIONS:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____      Collect _____      3 <sup>rd</sup> Party _____							
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>							
<b>CUSTOMER ORDER INFORMATION</b>											
CUSTOMER ORDER NUMBER		# PKGS		WEIGHT		PALLET/SLIP <small>(CIRCLE ONE)</small>		ADDITIONAL SHIPPER INFO			
						<input type="radio"/> Y <input type="radio"/> N					
						<input type="radio"/> Y <input type="radio"/> N					
						<input type="radio"/> Y <input type="radio"/> N					
						<input type="radio"/> Y <input type="radio"/> N					
						<input type="radio"/> Y <input type="radio"/> N					
GRAND TOTAL											
<b>CARRIER INFORMATION</b>											
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION				LTL ONLY			
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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 350</small>		NMFC #	CLASS		
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 _____."						COD Amount: \$ _____ Fee Terms:    Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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.			
<b>SHIPPER SIGNATURE / DATE</b> <small>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 regulations of the Department of Transportation.</small>						<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  <small>Property described above is received in good order, except as noted.</small>	



Date: \_\_\_\_\_ **SUPPLEMENT TO THE BILL OF LADING** Page \_\_\_\_\_  
Bill of Lading Number: \_\_\_\_\_

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>PAGE SUBTOTAL</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(a) of NMFC item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						<b>PAGE SUBTOTAL</b>		







### 3.1.1 OPTION FOR LEGACY SYSTEMS WITH 7-DIGIT BOL NUMBERS

Suggested implementation option to minimize the impact to legacy systems:

A supplier has legacy system applications that generate and use a seven (7) digit *BOL Number*. Their GS1 Company Prefix is **0111111**. The supplier can maintain their 7-digit *BOL Number* (e.g., 1234567) internally. The GS1 US *BOL Number* can be supported by modifying the legacy system to generate the number by inserting the Company Prefix, adding the appropriate number of zeros to the front of their existing *BOL Number* to total 16-digits, and then adding the calculated check digit at the end for the required 17-digits. This new 17-digit number would then be inserted on all external communications (e.g., BOL, EDI 856, 204, 214) where the *BOL Number* is currently required.

GS1 Company Prefix	<b>0111111</b>
7-digit BOL Number	1234567
17-digit BOL Number Example:	<b>0 1 1 1 1 1 1 0 0 1 2 3 4 5 6 7 8</b>

### 3.1.2 COMPANIES WITHOUT A GS1 COMPANY PREFIX

Companies without a GS1 Company Prefix shall use the following format for the 17-digit *Bill of Lading Number*.

- **04** (the first two digits must read exactly the number “04”)
- Number assigned by the shipper (fourteen digits)
- Modulo 10 check digit (**one digit**)

Example of a non-standard *Bill of Lading Number*: **0 4 1 2 3 4 5 6 7 8 9 1 2 3 4 5 0**

**Warning: This number is not guaranteed to be unique and could be replicated by another shipper.**

A GS1 Company Prefix can be obtained from GS1 US, Inc. by calling (937) 435-3870, or visiting:  
<https://members.gs1us.org/application-for-barcodes-authorized-by-gs1-us>

### 3.2 THE MODULO 10 CHECK DIGIT ALGORITHM

The check digit is used to validate the accuracy of the number. This is particularly important when the number is key (manually) entered. The check digit is calculated using the Modulo 10 algorithm as explained below:

- 1) Set up a table as illustrated in Figure 2 below, and enter the first sixteen digits of the *BOL Number* in Positions 1 through 16. (Position 17 is shaded because that is where the check digit will go.)

POSITION #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
GS1 US BOL #	0	6	1	4	1	4	1	1	2	3	4	5	6	7	8	9	

Figure 2. Modulo 10 Example

- 2) Sum all of the digits in the **even numbered positions**. Multiply the result by three. In this example, the sum is 117.
- 3) Sum all the digits in the **odd numbered positions**. In this example, the sum is 23.
- 4) Add the results of the previous two steps together. The check digit is the number required to round this number up to a multiple of ten. For example, the sum of the previous two steps is 140 (*which is a multiple of ten already*); therefore, the check digit in Position 17 is “0” (zero).

### 3.3 BARCODES FOR BILL OF LADING NUMBER, SCAC, AND PRO

The GS1 US BOL format allows space for the barcoding of the *Bill of Lading Number* (see Figure 3 below) and the carrier Standard Carrier Alpha Code (SCAC) and PRO number (*unique number assigned by the carrier to identify a specific shipment*) (see Figure 4 below). **The implementation of a barcode for the above mentioned data is intended for carrier usage and is optional.** When the barcode option is not implemented, consideration should be given to the space allowed for the barcode of the SCAC and/or PRO number. This space can also be used for the carrier proprietary PRO number sticker.

**WARNING:** The barcode symbology used must be the GS1-128. The Application Identifier (AI) numbers are not part of the actual data. The AI is only used by data capture software and application systems to determine data type and/or size for processing at the point of scanning. If you choose to implement the barcoding of the BOL number and/or SCAC and PRO# for a carrier, be sure that the carrier is aware of the above requirements.

#### 3.3.1 SCAC AND PRO FORMAT

In a barcode, the following format is used for SCAC and PRO:

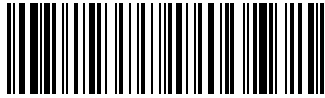
- Four (4) alpha characters for SCAC (as assigned to a given carrier by the NMFTA)
- If the SCAC is less than four characters in length, then a dash character (-) should be used to extend the field to four characters
- A maximum of twenty digits for PRO number
- The SCAC and/or Pro# **does not** have a check digit routine

Due to space limitations, numeric characters are recommended for the PRO number. If alpha characters are used, the number of characters that fit in the available space on the Bill of Lading is diminished considerably.



### 3.3.2 GS1-128 BARCODE SYMBOLOGY

The barcode symbology used for the *Bill of Lading Number* and the SCAC/PRO shall comply with GS1-128 standards. All GS1-128 barcodes contain an Application Identifier (AI) that defines the meaning of the data in the barcode. For the *Bill of Lading Number*, the AI is always the number 402. Parentheses are used in the human-readable text under the barcode to set the AI (402) apart from the actual *Bill of Lading Number*. For the SCAC/PRO, the AI used is always 9012K.



(402) 06141411234567906

**Figure 3. Bill of Lading Barcode**  
(actual size)



(9012K) SCAC12345678901234567890

**Figure 4. SCAC/PRO Barcode**  
(actual size)

The barcodes should be at least 0.5” high, and have a minimum X dimension (narrow bar width) of 0.010”. **For additional technical information, refer to the GS1 General Specifications document which may be obtained from the GS1 US Product Catalog at <https://productcatalog.gs1us.org/default.aspx>.**

(See Appendix A for examples of use)

## 4 RULES OF USE FOR THE STANDARD BILL OF LADING

**The standard GS1 US BOL is intended for U.S. LTL and TL ground transport.** It is particularly critical that all businesses using the form adhere to its design so that the supply chain may take advantage of these benefits. Additional detail regarding the use of the standard Bill of Lading is provided in this chapter. These guidelines are designed to support U.S. industry in achieving the benefits of a consistent and understandable form.

### 1) **Adjustments to the GS1 US Bill of Lading can be made based on the following guidelines:**

- The geographical placement of data and data descriptions must be kept intact according to this standard. This is important to ensure that all parties within the supply chain will know where to locate the specific information they need.
- **Each section or data description area may be modified to fit the supply chain business requirements as follows:**
  - Spacing
  - Column width
  - Row height
  - Removal of the data lines in the Customer and Carrier Information sections when either the form or data is computer printed.
  - When the form is loaded into a software program, all sections shall be clearly identified and the appropriate form lines and headings must be present.
  - To support North America cross border ground shipments, the section headings can be modified to include bilingual wording.
- **Note:** If cube information is being provided, the cube data column should be inserted between the Weight and Pallet/Slip column in the Customer Order Section.
- **Note:** If other dimensions are needed, such as a density calculation or pallet dimension, enlarge the Special Instructions section.
- **Note:** For density rated commodities, a Pounds per Cubic Foot (PCF) calculation value may be included in the Carrier Information Section, Commodity Description line item field.

### 2) **The following data elements must be 12-point Bold:**

- |                          |                            |
|--------------------------|----------------------------|
| a) Bill of Lading Number | c) Ship to Location number |
| b) SCAC/Pro number       | d) Customer Order Number   |

- When printing processes do not allow for variances in point size and bolding, the above data must be displayed with adequate spacing and high quality printing to support ease of recognition and data entry by the carriers.
- The CID number shall be in 10-point and bolded.
- All other data input items may be in a 10-point or smaller (See Section 1 on legal statements), no bolding.

### 3) **Printing:**

- The standard Bill of Lading may be duplicated and printed in multiple part forms by any printing company or shipper.

- If the *Supplement Page* is used, the best practice has been to print the *Supplement Page(s)* first, then print the front Bill of Lading page with the *Grand Totals* last. (The Bill of Lading page must then be placed in front of the *Supplement Page(s)*.)

**4) *Pagination: In general, each bill of lading (including any Supplement Pages) and attachments are considered separate documents.***

<b>PAGINATION EXAMPLES</b>	
<b>BOL with 3 <i>Supplement Pages</i></b>	BOL = page 1 <i>Supplement Pages</i> = pages 2, 3 and 4
<b>Master BOL with 2 underlying BOLs; underlying BOLs with 2 <i>Supplement Pages</i></b>	Master BOL = page 1 First underlying BOL = page 1, <i>Supplement Pages</i> = 2, 3 Second underlying BOL = page 1, <i>Supplement Pages</i> =2, 3.
<b>BOL with an attachment (e.g., packing list and /or shipping manifest)</b>	BOL = page 1, Attachment one = pages 1, 2..., Attachment two = pages 1, 2....

**5) *The Bill of Lading is not to be used as a packing list and the packing list is to be on a separate document.***

- In addition, the following items are not part of the Bill of Lading and shall not be included on the Bill of Lading:
  - Packing List line item information.
  - Shipping Manifest - The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer-specified intermediate location (i.e., distribution center, consolidator) with the individual cartons marked for specific store locations. The manifest contains store-level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store, and weight/cube totals.
  - Hazardous Item List (See Section 7 Hazardous Materials Regulations for instructions)
- However, these documents are considered as ***potential attachments*** to the Bill of Lading.
- See Appendix E for recommended format, detailed data content explanation and examples.

**6) *The Canadian PARS sticker for customs belongs on the freight invoice, not on the Bill of Lading.***

**7) *The information conveyed through EDI (e.g., EDI 856, 204, 211, 214, etc.) shall be consistent with the information on the paper Bill of Lading.***

- This in no way implies that all information conveyed through any one EDI document will map one-to-one to the paper Bill of Lading.

**8) *When using the Supplement Page to list Customer Order Number and Commodity Information, state “See attached Bill of Lading Supplement” in the body of the first page.***

- List the information on the supplement page.
- Only the *Grand Total* of the cartons and weight for the shipment will be detailed on the first page.

**9) *No Bill of Lading information shall be placed on the back of the Bill of Lading page. This area is reserved for the terms and conditions of the contract on the pre-printed forms.***

**10) Additional printing considerations and options.**

- Data tags can be used in the *Customer Order Information* section to identify multiple data elements that may be required by the consignee. For example:

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
PO 123456789	200	500	Y	Dept 1234
PO 999999999	500	750	Y	Dept 4444

- There are several options to indicate the Y and N in the *Pallet /Slip* column of the *Customer Order Information* section:
  - Print both and then circle one at the time the BOL is completed
  - Print either the Y or N (as appropriate) in the column
  - Divide column into two sub-columns with a Y and N headings, and print an X in the appropriate sub-column

**11) If there is a need for a company logo on the BOL, it may be placed at the top of the document where the date and page number reside.**

**12) If there is a need for a watermark in the Carrier Information section to validate the authenticity of the shipment information (e.g., COD SHIPMENT, etc.), this would be an acceptable modification to the form.**

- See Appendices A, B and C for examples of GS1 US BOL use.

## 5 USE OF THE SUPPLEMENT TO THE BILL OF LADING

The *Supplement* to the standard Bill of Lading was created to offer more lines for shippers to fill in shipment data. ***The Supplement is not required for the Bill of Lading.*** (In fact, it is preferred that only one page contain all of the necessary information for the shipment.) However, if a shipper needs more lines on the Bill of Lading than are provided in the body of the Bill, use the *Supplement Page*:

- ***Do not to begin listing the shipment data on the Bill of Lading page and then continue listing the shipment data on the Supplement Page.***
  - If all shipment content data will not fit on the front page of the Bill of Lading, none of the data shall be entered on that page.
  - All shipment data shall be listed on the Supplement Page.
- When the Supplement to the Bill of Lading is used, the shipper shall state in the body of the Bill of Lading, ***“See attached Bill of Lading Supplement.”***
- The shipment details shall be listed on the *Supplement Page* with a subtotal.
- The *Grand Total* of all items listed in the *Supplement Page(s)* is recorded on the first page of the Bill of Lading.
- The *Supplement* is not a separate Bill of Lading, but instead a continuation of the first page of the Bill of Lading. For this reason, the *Supplement* has the same Bill of Lading number as the number on page one.
- The *Supplement* was designed to reduce the need for creating a Master Bill of Lading because the shipper needs more lines to document the shipment information. The Master Bill of Lading is now only needed for the shipping scenarios described in *Section 6 Use as a Master Bill of Lading*.
- The *Supplement Page* can be modified to reduce or eliminate either the *Customer Order Information* or *Carrier Information* sections based on whichever is needed for additional space.
- See *Appendix B* for examples.

## 6 USE OF MASTER BILL OF LADING

A Master Bill of Lading is used/created for three shipment scenarios:

1. Consolidation shipments
2. Invoice per Bill of Lading per customer order
3. Truckload shipments with multiple stops

**Note: The development of the Supplement Page to the Bill of Lading eliminates the use of a Master Bill of Lading for the purpose of needing more lines to fit all the information on one page (see Section 5). The Master Bill of Lading shall not be used for this purpose.**

For these scenarios, the purpose of the Master Bill of Lading is to tie the underlying Bills of Lading together into one shipment for freight rating and billing purposes:

- The standard Bill of Lading is used as a Master Bill of Lading by checking the *Master Bill of Lading* indicator box.
- The underlying *Bill of Lading Numbers* shall be referenced in the *Special Instructions* field on the Master Bill of Lading.
- The *Master Bill of Lading Number* shall be referenced in the *Special Instructions* field on the underlying Bills of Lading.

Often a Master Bill of Lading (with underlying Bills of Lading attached) is used in conjunction with the 856 Advance Ship Notice and the 214 Carrier Shipment Status EDI transaction sets. In this case:

- ***The Master Bill of Lading Number is the number that is transmitted on the EDI transaction sets representing that shipment.***
- Do not transmit the underlying *Bill of Lading Numbers* as that causes confusion as to which *Bill of Lading Number* is the one to be used.

The use of a Master Bill of Lading is a complex aspect of shipping that may be better shown by example. The remainder of this chapter presents business scenarios illustrating how a Master Bill of Lading should be used.

### 6.1 CONSOLIDATION SHIPMENTS *(Appendix C - example 1)*

The most common need for a Master Bill of Lading occurs when a shipper ships through a consolidator, or a flow-through center, instead of shipping directly to the consignee warehouse or distribution center. In this scenario, multiple shipments of one or more customer orders are combined into one shipment from the shipper to the consolidation point:

- One underlying Bill of Lading shall be made for each distribution center shipment, with a Master Bill of Lading summarizing the total shipment for the consolidator.
- The consolidator uses the underlying Bills of Lading to distribute the shipment to each distinct final ship point.

***The Master Bill of Lading Number shall be sent on the related EDI transaction sets to represent each shipment to the consignee (specifically the EDI 856 and 214).***

- For example, if there are three final ship points, the shipper will send three 856 transactions all including the same *Master Bill of Lading Number* to represent each shipment.
- The underlying *Bill of Lading Numbers* shall be printed in the *Special Instructions* space of the Master Bill of Lading and the Master Bill of Lading Number shall be printed in the *Special Instructions* space of each underlying Bill of Lading.

## **6.2 INVOICING PER CUSTOMER ORDER REQUIRED** (*Appendix C - example 2*)

A second need for a Master Bill of Lading occurs when the consignee requires the shipper to invoice on a “per customer order” basis. For example, the supplier receives three separate orders from their customer. All three orders need to ship at the same time and to the same location so the supplier will ship them all on the same trailer. Typically, this is one shipment that would have only one Bill of Lading covering all purchase orders.

However, due to the supplier system requirement of matching each invoice number with a *Bill of Lading Number*, and the customer requirement that the supplier invoice each order separately, the supplier must create a Bill of Lading per order number. This often results in multiple Bills of Lading for one shipment to one destination. To combine the separate Bills of Lading together into one shipment, the supplier creates a Master Bill of Lading at the point of shipment.

***The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to the consignee:***

- The underlying *Bill of Lading Numbers* shall be printed in the *Special Instructions* space of the Master Bill of Lading.
- The *Master Bill of Lading Number* shall be printed in the *Special Instructions* space of each underlying Bill of Lading.

## **6.3 TRUCKLOAD SHIPMENTS WITH MULTIPLE STOPS** (*Appendix C - example 3*)

The third use of a Master Bill of Lading occurs when a prepaid full truckload shipment is dispatched with multiple unloading destinations for the same consignee (or for different consignees). This is considered a multiple stop-off shipment. Each stop on this shipment must have its own unique underlying Bill of Lading with its own *Bill of Lading Number* to keep it clear that each stop is a separate shipment.

***Based on carrier agreements on multiple stop truckload shipments, the use of the Master Bill of Lading is optional.***

- The Master Bill of Lading may be used to combine the individual Bills of Lading together for freight tracking, rating and billing.
- The Master Bill of Lading shall not include all the customer order detail; only the Grand Totals shall be listed on the Master.
- ***State “See Attached Underlying Bills of Lading” on the Master Bill of Lading*** so the carrier signs for the freight on each underlying Bill of Lading.

- Like the other scenarios, the underlying Bill of Lading Numbers shall be printed in the Special Instructions space of the Master Bill of Lading. ***It is crucial in this scenario that the numbers be listed in the sequence that they are to be unloaded.***
  - For example, the underlying Bill of Lading number for the product that is loaded in the tail of the trailer will be listed first as stop #1, because that freight will be unloaded first.
- As before, the *Master Bill of Lading Number* shall be printed in the *Special Instructions* space of each underlying Bill of Lading.
- The Master Bill of Lading shall also clearly state “Multiple Stop Load”.

***When a Master Bill of Lading is created, the Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to each consignee.***

For example, if there are three unloading destinations, the shipper will send three 856 transactions all including the same Master Bill of Lading number to represent each shipment.



## 7 HAZARDOUS MATERIALS INFORMATION

This section does not attempt to explain the regulations governing hazardous material shipments nor does the standard Bill of Lading include specific fields for documenting the details of each hazardous commodity. However, the standard Bill of Lading can accommodate the necessary documentation provided that the shipper is familiar with the requirements and knows to include them on the Bill of Lading prior to shipment. ***It is the shipper's responsibility to meet all of the U.S. Department of Transportation regulations for the transport and handling of hazardous material substances. Each company should consult their own legal counsel with regard to any statutory or regulatory requirements.***

Any information required by the Department of Transportation regarding each hazardous substance shall be listed either in the *Carrier Information* section of the Bill of Lading, or as a separate attached hazardous item listing.

### 7.1 DOCUMENTING HAZARDOUS MATERIAL IN THE CARRIER INFORMATION SECTION

- 1) Hazardous items are to be listed before any non-hazardous items.
- 2) The *H.M.* column must be marked with an "X" for each hazardous item listed.
- 3) The size of the *Commodity Description* column can be modified to accommodate the required information per 49 CFR, 172.202 and 172.203. The hazardous material description consists of the following data elements, in order: UN identification number, proper shipping name, hazard class, subsidiary hazard class(es) and packing group.

**WARNING:** The basic description must be as listed in the Hazardous Material Table in 172.101. The product description as listed by the National Motor Freight Classification is not required.

- 4) If the *Supplement Page* is used, the following usage rules for hazardous material shipments apply:
  - A. The following one line entry is placed in the *Commodity Description* column on the first page:  
***"Hazardous Material - See Attached Supplement Page(s)"***.
  - B. The hazardous Bill of Lading with *Supplement Pages* should be numbered X of Y.
  - C. The general format and page title are not to be changed to make the *Supplement Page* a hazardous item listing. However, the format of the *Supplement Page* can be changed to display only the *Carrier Information* section.
- 5) The *Commodity Description* column can be modified to accommodate the hazardous material description (See *Section 4 Rules of Use for the Standard Bill of Lading*).
- 6) The emergency contact information must be placed either in the *Special Instructions* section or the space provided below the *Shipper Signature / Date* section. The information must be easily recognizable and locatable on the document by font size, color, etc.

**WARNING:** If specific handling units within the shipment have different consignors, refer to 49 CFR for placement of multiple emergency contact information requirements.

- 7) See Appendix G for Hazardous Material GS1 US BOL examples.

## 7.2 GENERAL INSTRUCTIONS FOR SEPARATE HAZARDOUS ITEM LIST

- 1) The first entry of the *H.M.* column in the *Carrier Information* section must be marked with an “X”.
- 2) In the corresponding line in the *Commodity Description* column reference the attachment as follows:  
**“Hazardous Material – See Attached Hazardous Item Listing”.**

**WARNING:** The product description as listed by the National Motor Freight Classification is not required.

- 3) The format and content of the hazardous item list is the responsibility of individual company interpretation of requirements as described in 49 CFR, 172 Subpart C – Shipping Papers.
- 4) The hazardous material description consists of the following data elements, in order, as per 49 CFR, 172.202 and 172.203: UN identification number, proper shipping name, hazard class, subsidiary hazard class(es) and packing group.

**WARNING:** The basic description must be as listed in the Hazardous Material Table in 49 CFR 172.101.

- 5) A shipping paper must contain an emergency response telephone number and, if utilizing an emergency response information telephone number service provider, identify the person (by name or contract number) who has a contractual agreement with the service provider. Emergency contact information must be placed either in the *Special Instructions* section or in the space provided below the *Shipper Signature / Date* section. Refer to 49 CFR 172.201 and 172.604 for additional information.

**WARNING:** If specific handling units within the shipment have different consignors, refer to 49 CFR for placement of multiple emergency contact information requirements.

- 6) See Appendix G for GS1 US BOL examples.

## 8 MANDATORY VS. CONDITIONAL DATA FIELDS

There are three types of information included on the Bill of Lading: Mandatory (M), Conditional (C) and Optional (O). The tables below provide a consolidated list of each.

### 8.1 MANDATORY INFORMATION

MANDATORY INFORMATION	
Ship From name, address and zip code	
Ship To name, address and zip code	
Bill of Lading Number	
Carrier Name	
Carrier SCAC	
Terms	
Number of Packages	
Weight	
Pallets/Slips (Y/N)	
Handling Unit Quantity & Type	
Commodity Description	
Trailer Loaded and Counted Indicator	
Shipper and Carrier Signatures	

### 8.2 CONDITIONAL INFORMATION

CONDITIONAL INFORMATION	
BILL TO NAME, ADDRESS AND ZIP CODE	If different from the Ship To address
PRO NUMBER	If an LTL shipment
TRAILER NUMBER	If a truckload shipment
SEAL NUMBER	If a sealed shipment from one origin to one destination
MASTER BOL INDICATOR	If underlying BOLs are attached
SPECIAL INSTRUCTIONS	If a Master Bill of Lading is used (See Section 6)
CUSTOMER ORDER NUMBER	If shipment is in response to a purchase order
PACKAGE QUANTITY AND TYPE	If shipment is unitized
HAZARDOUS MATERIAL INDICATOR	If commodity is defined as hazardous (See Section 7)
NMFC NUMBER AND CLASS	If an LTL shipment
RECEIVING STAMP	If a truckload shipment

### 8.3 OPTIONAL INFORMATION

All other information is defined as Optional.

## 9 DATA FIELD DESCRIPTIONS

Each field is marked whether it is Mandatory (M), Conditional (C) or Optional (O) and is listed below in the order that they appear on the Bill of Lading.

### 9.1 SHIP-FROM FIELDS (M)

<b>Name</b>	The company shipping the product.
<b>Address</b>	The shipping street address. (An additional address line is optional)
<b>City, State, Zip</b>	The shipping city, state and zip code.
<b>SID #</b>	Optional: Shipment ID number, may be used to document if a number is applied by the shipper to this shipment.
<b>FOB</b>	Optional: Data box to indicate (via "x" in box) that the FOB is based on the Ship From address.

### 9.2 SHIP-TO FIELDS (M)

<b>Name</b>	The company receiving the product.
<b>Address</b>	The address where the product is physically delivered. (An additional address line is optional)
<b>City, State, Zip</b>	The city, state, and zip where the product is physically delivered.
<b>CID #</b>	Optional: Consignee ID number may be used to document if a number is applied by the consignee to this shipment.
<b>Location #</b>	The number assigned to consignee's ship to address, if applicable.
<b>FOB</b>	Optional: Data box to indicate (via "x" in box) that the FOB is based on the Ship To address.

### 9.3 BILL-TO FIELDS (C)

*Only used if different from the "Ship From" company on pre-paid shipments,  
or if the "Ship To" company on collect shipments.*

<b>Name</b>	The company paying the freight invoice.
<b>Address</b>	The address where the freight invoice is to be mailed. (An additional address line is optional.)
<b>City, State, Zip</b>	The city, state, and zip code where the freight invoice is to be mailed.

## 9.4 SPECIAL INSTRUCTIONS (C)

To be used for directions to the carrier such as protected services and delivery instructions. Individual *Bill of Lading Numbers* are listed in this space for shipments requiring the use of a Master Bill of Lading. If not enough space is provided in this area, the “additional shipper info” space may be used.

## 9.5 GS1 US BILL OF LADING NUMBER (M)

The *GS1 US Bill of Lading Number* is a 17-digit number created by the shipper to identify a unique shipment. The *GS1 US Bill of Lading Number* shall not be identical to the carrier PRO number, the *Customer Order Number*, nor the date. The *GS1 US Bill of Lading Number* is transmitted on the 856 and 214 EDI transaction sets. See Section 3 of this document for details about the *GS1 US Bill of Lading Number*.

## 9.6 BARCODE SPACE (O)

This space is reserved for bar coding of the *Bill of Lading Number* and SCAC/PRO number. See Section 3 for more information about the barcode.

## 9.7 CARRIER FIELDS

<b>Name</b>	The full name of the carrier picking up the shipment. <b>(M)</b>
<b>SCA</b>	The four-letter alpha code identifying the carrier as assigned by the NMFTA. <b>(M)</b> (The NMFTA may be contacted at 703-838-1868.)
<b>Trailer Number</b>	Used if a truckload carrier hauls the shipment. <b>(C)</b>
<b>Seal Number</b>	Used if the shipment is a full truckload from the origin to destination. <b>(C)</b>
<b>Pro Number</b>	Used if an LTL carrier hauls the shipment. <b>(C)</b>

## 9.8 TERMS (M)

Indicates which party is invoiced and responsible for payment of the freight invoice.

## 9.9 MASTER BILL OF LADING INDICATOR (C)

If checked, indicates this is a Master Bill of Lading and has underlying Bills of Lading attached. The underlying *Bill of Lading Numbers* shall be referenced in the special instructions.



## 9.10 CUSTOMER ORDER INFORMATION SECTION (C)

<b>Customer Order Number</b>	The number generated by the customer to identify the order.
<b># Packages</b>	The number of individual packages or cartons/master cartons on the shipment, regardless of whether the product is unitized or not. When it is necessary to ship paperwork as part of the shipment, the paperwork handling unit (e.g., carton / box / envelope) must be documented and included in the <i>Customer Order Information</i> or the <i>Special Instructions</i> section on the GS1 US BOL. The total number of packages should equal the total in the <i>Carrier Information</i> section.
<b>Weight</b>	The weight (with unit of measure) of all the packages by <i>Customer Order Number</i> (excluding the weight of pallets/Slip Sheets). The total weight in this section may not equal the total weight in the <i>Carrier Information</i> section. Weight may be conveyed using (1) U.S. standards of measure, or (2) International System of Units (SI) with U.S. standard of measure. If both standards are used, the SI value precedes the U.S. value Example: 45 kg (100 lbs)
<b>Pallet/Slip</b>	Indicates whether the product is unitized (i.e. pallets or slips). See Appendix C for examples of how to document this information using this column.
<b>Additional Shipper Information</b>	Any other information requested by the customer. This space may also be used to document "special instructions" information if additional space is needed.

## 9.11 CARRIER INFORMATION

<b>Handling Unit</b>	<b>Quantity:</b>	The number of handling units listed by commodity type. <b>(M)</b>
	<b>Type:</b>	The type of handling unit (e.g., pallets, slips, cartons, bundles, rolls, drums). <b>(M)</b>
<b>Package</b>	<b>Quantity:</b>	The number of packages or cartons/master cartons listed by commodity type. The total number of packages should equal the total in the <i>Customer Order Information</i> section. <b>(C)</b>
	<b>Type:</b>	The type of package (e.g., cartons, bundles, rolls, drums). <b>(C)</b>
<b>Weight</b>		The weight (with unit of measure) of the handling units (includes the weight of pallets, slip sheets, etc.) The total weight in this section may not equal the total weight in the <i>Customer Order Information</i> section. Weight may be conveyed using (1) U.S. standards of measure, or (2) International System of Units (SI) with U.S. standard of measure. If both standards are used, the SI value precedes the U.S. value. Example: 45 kg (100 lbs). <b>(M)</b>
<b>Hazardous Material:</b>		Indicate "X" if the product shipped is classified as Hazardous Material. If marked, the shipment must follow the Hazardous Material requirements of the U.S. Department of Transportation 49 CFR. (See Section VII) <b>(C)</b>
<b>Commodity Description</b>		The general product description as listed in the NMFC. <b>(M)</b>
<b>NMFC Number</b>		The NMFC number tied to the commodity classification. <b>(C)</b>
<b>Class</b>		The freight class of the commodity as classified by the NMFC. <b>(C)</b>

### **9.12 RECEIVING STAMP SPACE (C)**

This space is reserved for a truckload-receiving stamp. The receiving stamp is placed on the Bill of Lading for truckload shipments by the consignee and shall be placed in the right hand column.

### **9.13 DECLARED VALUE (O)**

This permits the shipper to document the value of the goods being shipped. The shipper typically pays a surcharge to the carrier to guarantee additional insurance coverage up to the full-declared value of the goods hauled. Only used for shipments riding under a contract that would not otherwise provide full insurance protection or do not refer to the NMFC for a release value. Most commonly used for small package or air carriers.

### **9.14 COD SECTION (O)**

Used when cash on delivery is required.

### **9.15 NON-RECOURSE SHIPPER'S SIGNATURE (O)** *(previously referred to as Section 7)*

Signed by the shipper when they need to protect themselves from default on the part of the consignee.

### **9.16 SHIPPER SIGNATURE / DATE (M)**

Indicates that the shipper agrees that the information listed on the Bill of Lading is correct, that the documentation of the shipment follows the requirements of the U.S. Department of Transportation, and confirms the date of the Bill of Lading signature.

### **9.17 TRAILER LOAD / FREIGHT COUNTED (M)**

Indicates which party loaded the trailer and which party counted the freight. Also indicates whether the driver for claims purposes counted pieces or pallets.

### **9.18 CARRIER SIGNATURE / PICKUP DATE (M)**

Indicates that the carrier agrees to have received the entire product as listed on the Bill of Lading, that the shipment follows the requirements of the U.S. Department of Transportation, and documents the pickup date.

## 10 GLOSSARY OF TERMS

TERM	DEFINITION
ATA	The American Trucking Association is a federation of associations, councils and conferences that represent the interests of the trucking industry; to influence Federal and State governmental actions; to advance the trucking industry's image, efficiency, competitiveness and profitability; to provide educational programs and industry research; and to promote highway and driver safety. ATA owns the copyrights to the Uniform Straight Bill of Lading as found in the NMFC.
BILL OF LADING	The document and/or contract used to record and transfer detail information pertaining to a unique shipment.
BILL OF LADING NUMBER	The unique number <u>assigned by the shipper</u> in creating the Bill of Lading, which identifies the unique shipment (See Section III of this guideline).
CARTON PACKING LIST	A list of the products being shipped within the carton or container. Used primarily for pick and pack shipments for receipt processing at the retail store location. The purpose is for communication to the final receiving destination to identify carton contents. The carton packing list commonly includes the total number of units per stock keeping unit (SKU). This information is not to be included on the Bill of Lading and is not intended as a carrier document.
CID NUMBER	Consignee Identification Number; a unique internal number assigned by the consignee for their own purposes. <b>Must not be the Bill of Lading number or the Pro number.</b> Examples are appointment numbers and authorization numbers.
CLASS	A rating assigned to products based on their value and shipping characteristics, i.e. density and how the freight is packaged.
COD	Cash on Delivery: refers to the payment for the goods being shipped. If this section of the BOL is filled in, the carrier cannot deliver the goods until payment for the goods has been received.
COLLECT	The consignee pays for the freight costs from the shipper's door to their door.
CUSTOMER ORDER NUMBER	The number used by the customer to identify the purchase of the goods.
DECLARED VALUE	Documents the dollar value of the goods being shipped. Full value rates are applied. Only necessary when the value of goods exceeds the carrier's defined shipment value or the shipper requests the carrier to purchase additional insurance to cover the value of the shipment. The carrier is responsible for the full liability if declared on the Bill of Lading.
DELIVERY MANIFEST	A carrier generated manifest that is a summary of LTL final destination shipments to a consignee. The delivery manifest may include the manifest control number, trailer number, PRO numbers, Hazardous Material indicator, purchase order numbers, weight and carton count.
DOT	The abbreviation for the U.S. Department of Transportation.
EAN	The European Articles Numbering Organization. EAN is the equivalent of the UCC outside of North America (USA, Canada, and Mexico). EAN works in cooperation with the UCC administrators and the EAN.UCC system. The EAN.UCC system consists of product and serialized identification codes, Application Identifiers and associated Symbology. EAN and the UCC merged in 2005 to form GS1.
EDI 204 MOTOR CARRIER LOAD TENDER	The Motor Carrier Load Tender is initiated by the shipper to a Truckload carrier. The carrier responds to a load tender using the EDI 990 (Response to Load Tender). The 204 is used to convey Bill of Lading and Customer Order information and may be used to tender loads from multiple origins to multiple destinations.
EDI 211 MOTOR CARRIER BILL OF LADING	The Motor Carrier Bill of Lading is initiated by the shipper to a carrier as an electronic Bill of Lading. It is used to convey Bill of Lading and Customer Order information, but is not to be used as a load tender, legal Bill of Lading, pickup notification or appointment schedule.
EDI 214 CARRIER SHIPMENT STATUS	The carrier sends the Carrier Shipment Status notice to the consignee and possibly to the shipper. The 214 includes the Bill of Lading information as well as the pickup date, ETA and schedule time at the consignee's facility.





TERM	DEFINITION
EDI 215 MOTOR CARRIER PICKUP MANIFEST	The Motor Carrier Pickup Manifest is initiated by the shipper to a small package carrier. The 215 provides the carrier a manifest of all shipments tendered to that carrier for a single day's activity from a single shipping location. The 215 can be used to convey a Bill of Lading Number, Customer Order number, shipper barcode and/or carrier barcode to the carrier for each shipment.
EDI 856 SHIP NOTICE MANIFEST	The shipper sends the Ship Notice Manifest to the consignee. The 856 is an electronic packing list that details the specific shipment attributes. It also includes the shipping container numbers that have been barcoded and applied to the cartons and/or pallets. The key common data elements between the EDI 214 and the EDI 856 are the Bill of Lading number, the customer order number, and the "ship to" location number.
FOB	Free On Board: The point at which the title of the goods passes from the shipper (seller) to the consignee (buyer).
GS1 COMPANY PREFIX	Part of the international GS1 Data Structures consisting of a GS1 Prefix and Company Number, both of which are allocated by a GS1 Member Organization.
GS1 US	Formerly the Uniform Code Council, Inc., GS1 US, Inc. is a member organization of GS1 Inc., and manages the GS1 System in the United States. The GS1 System consists of product and serialized identification codes, Application Identifiers, and associated symbologies.
HANDLING UNIT	This is the shipping unit level handled by the carrier when loaded on the trailer. For example, when cartons are unitized onto a pallet, the handling unit is the pallet. When cartons are tendered loose, i.e. not unitized, the handling unit is the carton.
LTL	The abbreviation for Less Than Truckload ground transport within the U.S.
MASTER BILL	A Bill of Lading used to summarize multiple Bills of Lading (commonly called underlying Bills of Lading), which represent one shipment. The Master Bill of Lading number shall be documented in the Special Instructions section of each underlying Bill of Lading.
NMFC	The National Motor Freight Classification. The publication produced by the NMFTA that classifies all commodity types and establishes level of rates for a shipment. LTL Carriers that are members of the NMFTA subscribe to the NMFC and follow the commodity classifications.
NMFC NUMBER	The National Motor Freight Classification item number. The NMFC number is assigned by commodity type and is used by participating LTL carriers to determine the level of rates for a shipment.
NMFTA	The National Motor Freight Traffic Association. The NMFTA is responsible for maintaining the NMFC and documenting carrier SCAC codes. See the "SCAC code" definition for information about obtaining a SCAC code or a copy of the list of all SCAC codes.
PALLET/SLIP	Pallets or Slips refers to the common types of unitizing cartons on a shipment.
PREPAID	The shipper pays for the freight costs from origin to the consignee's dock.
PRO NUMBER	A unique number assigned by the carrier to identify a specific shipment.
PACKAGE	The lowest level of shipping unit of an item. The packages may be unitized into a handling unit for shipment, e.g. pallet, slip.
RELEASED VALUE	Value of a shipment set by the shipper, which establishes maximum liability of the carrier. Usually results in lower freight rates.
SCAC	Standard Carrier Alpha Code. A four-letter alpha code uniquely identifying a carrier. Carrier SCAC codes are assigned and maintained by the National Motor Freight Traffic Association (NMFTA). To obtain a SCAC code or the list of all carrier SCACs, contact the <b>NMFTA at 703-838-1868</b> .
SHIPMENT	The movement of freight from one origin point to one destination point.
SHIPMENT PACKING LIST	A summary by customer order of the number of pieces per stock keeping unit (SKU) and associated carton count on the shipment. The purpose is for communication to the final receiving destination to be used for receipt check-in of cartons and/or units to the customer order. Not used for cross-dock shipments. This information is not to be included on the Bill of Lading.



TERM	DEFINITION
SHIPPING MANIFEST	The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer specified intermediate location (i.e., distribution center, consolidator) with the individual cartons marked for specific store locations. This is commonly referred to as Ship To / Marked For Cross Dock shipments. The manifest contains store level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store and weight/cube totals. See Appendix E for recommended format and examples of use with the GS1 US BOL.
SID #	Shipper Identification Number, a unique internal number assigned by the shipper for their purposes. <b>Must not be the Bill of Lading number or the Pro number.</b> Examples of uses are as an invoice number, supplier code or location code.
THIRD PARTY	The freight charges for a shipment are paid a party other than the shipper or consignee.
TL	The abbreviation for Truck Load ground transport within the U.S.
UCC	The Uniform Code Council, Inc., which in cooperation with EAN, administered the EAN.UCC system. The UCC became GS1 US, Inc. in 2005.



11 APPENDIX A

11.1 EXAMPLE 1 - LTL SHIPMENT USING BARCODES, MULTIPLE ORDERS AND COMMODITIES



**Characteristics:** Carrier Information lists total cartons per NMFC#.

Date: 02/01/1999		BILL OF LADING				Page 1	
<b>SHIP FROM</b>							
Name: <i>ABC Company</i>				Bill of Lading Number: <u>06141411234567890</u>			
Address: <i>1000 ABC Drive</i>				 (402) 06141411234567890			
City/State/Zip: <i>Any City, AB, 10000</i>							
SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>				<b>CARRIER NAME:</b> <u>LTL Transportation</u>			
Name: <i>XYZ Company</i> Location #: <u>0669</u>				Trailer number: _____			
Address: <i>9000 XYZ Drive</i>				Seal number(s): _____			
City/State/Zip: <i>Some City, ZY 90000</i>				SCAC: <u>ABCD</u>			
CID#: _____ FOB: <input type="checkbox"/>				Pro number: <u>12345678901234567890</u>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				 (9012K) ABCD12345678901234567890			
Name: _____							
Address: _____							
City/State/Zip: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>			
SPECIAL INSTRUCTIONS: _____				Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____			
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
<u>45012345698</u>		<i>144 ctns</i>	<i>1152 lbs</i>	<input checked="" type="radio"/> Y <input type="radio"/> N			
<u>6805673</u>		<i>15 ctns</i>	<i>45 lbs</i>	<input type="radio"/> Y <input checked="" type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
<b>GRAND TOTAL</b>		<i>159 ctns</i>	<i>1197 lbs</i>				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
<i>1</i>	<i>plts</i>	<i>48</i>	<i>ctns</i>	<i>384 lbs</i>		<i>154865 00</i>	<i>70</i>
<i>2</i>	<i>plts</i>	<i>96</i>	<i>ctns</i>	<i>768 lbs</i>		<i>168955 03</i>	<i>92.5</i>
<i>15</i>	<i>ctns</i>	<i>15</i>	<i>ctns</i>	<i>45 lbs</i>		<i>168945 01</i>	<i>100</i>
<b>18</b>		<b>159</b>		<b>1197 lbs</b>		<b>GRAND TOTAL</b>	
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 _____ DOL _____						COD Amount: \$ _____	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper	
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP 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 regulations of the Department of Transportation.		<input checked="" type="checkbox"/> By Shipper		<input checked="" type="checkbox"/> By Shipper		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. Property described above is received in good order, except as noted.	
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
				<input type="checkbox"/> By Driver/Pieces			



## 11.2 EXAMPLE 2 - LTL SHIPMENT USING BARCODES, MULTIPLE ORDERS AND COMMODITIES

**Characteristics:** Carrier Information lists the number of pallets, then details total cartons per NMFC#.

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1		
<b>SHIP FROM</b>								
Name: ABC Company						Bill of Lading Number: <u>06141411234567890</u>		
Address: 1000 ABC Drive						 (402) 06141411234567890		
City/State/Zip: Any City, AB, 10000								
SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>						<b>CARRIER NAME:</b> <u>LTL Transportation</u>		
Name: XYZ Company Location #: <u>0669</u>						Trailer number: _____		
Address: 9000 XYZ Drive						Seal number(s): _____		
City/State/Zip: Some City, ZY 90000						<b>SCAC:</b> <u>ABCD</u>		
CID#: _____ FOB: <input type="checkbox"/>						<b>Pro number:</b> <u>12345678901234567890</u>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>						 (9012K) AB CD 12345678901234567890		
Name: _____								
Address: _____								
City/State/Zip: _____						<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>		
SPECIAL INSTRUCTIONS:						Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____		
						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
<b>CUSTOMER ORDER INFORMATION</b>								
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
<u>45012345698</u>		<u>350 ctns</u>	<u>1750 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
<u>6805673</u>		<u>50 ctns</u>	<u>250 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
<b>GRAND TOTAL</b>		<u>400 ctns</u>	<u>2000 lbs</u>					
<b>CARRIER INFORMATION</b>								
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>			<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<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 350.</small>		
<u>5</u>	<u>plts</u>	<u>100</u>	<u>ctns</u>	<u>500 lbs</u>		<u>Sport Accessories</u>	<u>154865 00</u> <u>70</u>	
		<u>250</u>	<u>ctns</u>	<u>1250 lbs</u>		<u>Video, Tape Recording</u>	<u>168955 03</u> <u>92.5</u>	
		<u>50</u>	<u>ctns</u>	<u>250 lbs</u>		<u>Recordings, Sound, Disc, Tape</u>	<u>168945 01</u> <u>100</u>	
<b>5</b>		<b>400</b>		<b>2000 lbs</b>		<b>GRAND TOTAL</b>		
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 _____ <u>000</u>						<b>COD Amount:</b> \$ _____		
						<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>								
<small>RECEIVER, 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
<b>SHIPPER SIGNATURE / DATE</b>						<b>SIGNATURE</b>		
<small>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 regulations of the Department of Transportation.</small>						Shipper		
<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>				
<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<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. *Property described above is received in good order, except as noted.</small>				



### 11.3 EXAMPLE 3 - LTL SHIPMENT USING BARCODES, MULTIPLE ORDERS AND COMMODITIES

**Characteristics:** Modified format with no data lines and barcodes.

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1		
<b>SHIP FROM</b>								
Name: ABC Company		Bill of Lading Number: <u>06141411234567890</u>						
Address: 1000 ABC Drive								
City/State/Zip: Any City, AB, 10000								
SID#: _____		FOB: <input type="checkbox"/>						
<b>SHIP TO</b>					<b>CARRIER NAME:</b> <u>LTL Transportation</u>			
Name: XYZ Company		Location #: <u>0669</u>		Trailer number: _____				
Address: 9000 XYZ Drive		Seal number(s): _____						
City/State/Zip: Some City, ZY 90000		<b>SCAC:</b> <u>ABCD</u>						
CID#: _____		Pro number: <u>12345678901234567890</u>						
CID#: _____		FOB: <input type="checkbox"/>						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>								
Name: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>						
Address: _____		Prepaid _____						
City/State/Zip: _____								
SPECIAL INSTRUCTIONS:					<input type="checkbox"/> (check box) Collect <u>X</u> 3 <sup>rd</sup> Party <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		WEIGHT		PALLET		ADDITIONAL SHIPPER INFO		
<b>45012345698</b>		350 ctns		1750 lbs		Y		
<b>6805673</b>		50 ctns		250 lbs		Y		
<b>GRAND TOTAL</b>		400 ctns		2000 lbs				
<b>CARRIER INFORMATION</b>								
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>			<b>LTL ONLY</b>	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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 350</small>	NMFC #	CLASS
5	plts	100	ctns	500 lbs		Sport Accessories	154865 00	70
		250	ctns	1250 lbs		Video, Tape Recording	168955 03	92.5
		50	ctns	250 lbs		Recordings, Sound, Disc, Tape	168945 01	100
5		400		2000 lbs		<b>GRAND TOTAL</b>		
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 _____ <u>000</u>						<b>COD Amount:</b> \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  Signature _____ Shipper		
<b>SHIPPER SIGNATURE / DATE</b>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>		
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 regulations of the Department of Transportation.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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>*Property described above is received in good order, except as noted.</small>		





### 11.4 EXAMPLE 4 - LTL SHIPMENT USING BARCODES, MULTIPLE ORDERS AND COMMODITIES

**Characteristics:** Special Instructions section expanded, Carrier and Customer Information sections shortened and no barcodes.

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>							
Name: ABC Company				Bill of Lading Number: <u>06141411234567890</u>			
Address: 1000 ABC Drive							
City/State/Zip: Any City, AB, 10000							
SID#: _____				FOB: <input type="checkbox"/>			
<b>SHIP TO</b>							
Name: XYZ Co. C/o		Location #: <u>0669</u>		CARRIER NAME: <u>LTL Transportation</u>			
Consolidator KLM				Trailer number: _____			
Address: 9000 XYZ Drive				Seal number(s): _____			
City/State/Zip: Some City, ZY 90000				SCAC: <b>ABCD</b>			
CID#: _____		FOB: <input type="checkbox"/>		Pro number: <b>12345678901234567890</b>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>			
Address: _____				Prepaid _____ Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____			
City/State/Zip: _____				<input checked="" type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
SPECIAL INSTRUCTIONS: Underlying Bill of Lading Numbers: 23456789012345678901, 34567890123456789012, 45678901234567890123, 56789012345678901234, 67890123456789012345, 78901234567890123456  <b>MUST DELIVER BY 9/9/00. PLEASE CALL FOR DELIVERY APPOINTMENT @ 732-555-1515</b>  <b>IMPORTANT! MAINTAIN TRAILER 45 DEGREE TEMPERATURE</b>  <b>PRODUCT IS LOADED ON CHEP PALLETS</b>							
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
<b>45012345698</b>		1000 ctns	10000 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N			
<b>GRAND TOTAL</b>		1000 ctns	10000 lbs				
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
20	plts	1000	ctns	10000 lbs	(X)	154865 00	70
20		1000		10000 lbs		<b>GRAND TOTAL</b>	
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 _____ DOL _____.				COD Amount: \$ _____			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature			
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE	
<small>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 regulations of the Department of Transportation.</small>		<input checked="" type="checkbox"/> By Shipper		<input checked="" type="checkbox"/> By Shipper		<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. Property described above is received in good order, except as noted.</small>	
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
				<input type="checkbox"/> By Driver/Pieces			



## 11.5 EXAMPLE 5 – GARMENTS ON HANGERS (GOH)

**Characteristics:** Customer Order Information on *standard* format of Supplement Page.

### 11.5.1 EXAMPLE 1: SHIPMENT CONTAINS ALL GOH AND EACH GARMENT IS A SHIPPING UNIT

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		PALLET/SLIP	ADDITIONAL SHIPPER INFO		
45012345698		1000	1500 lbs			GOH or Garments on Hangers		
			....OR....					
45012345698		1000 goh	1500 lbs					
GRAND TOTAL		1000	1500 lbs					
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
1000	pcs.	1000	pcs.	1500 lbs.		GOH --Assorted Dresses		
				....OR....				
1000	goh	1000	goh.	1500 lbs.		GOH --Assorted Dresses		
1000		1000		1500lbs		GRAND TOTAL		

### 11.5.2 EXAMPLE 2: GOH IS BUNDLED (FOUR SELLING UNITS PER BUNDLE) AND CARRIER SIGNING FOR BUNDLES

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
45012345698		250 ctns	1500 lbs		<input type="radio"/>	Bundled GOH		
			....OR....					
45012345698		250 bdls	1500 lbs			Bundled GOH		
GRAND TOTAL		250	1500 lbs					
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
250	ctns	250	ctns	1500 lbs		GOH Assorted Dresses		
				....OR....				
250	bdls	250	bdls	1500 lbs		GOH Assorted Dresses		
250		1000		1500lbs		GRAND TOTAL		



**11.5.3 EXAMPLE 3: MIXED CARTONS AND GOH (CARRIER SIGNING FOR THE GOH SELLING UNITS AND CARTONS)**

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
45012345698		100 ctns	600 lbs	<input checked="" type="radio"/>	<input type="radio"/>			
45012345698		150 bdl	900 lbs			Bundled GOH		
GRAND TOTAL		250	1500 lbs					
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
100	ctns	100	ctns	600 lbs		Assorted Slacks	1548650	70
150	bdls	600	goh	900 lbs		GOH- Assorted Dresses		
250		250		1500 lbs		GRAND TOTAL		







## 12 APPENDIX B

### 12.1 EXAMPLE 1 - USE OF THE SUPPLEMENT TO THE BILL OF LADING ON A TRUCKLOAD SHIPMENT

**Characteristics:** Customer Order Information on *standard* format of Supplement Page.

Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1			
<b>SHIP FROM</b>			Bill of Lading Number: <u>6141411234567890</u>				
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>			 (402) 06141411234567890				
<b>SHIP TO</b>			CARRIER NAME: <u>Truckload Transportation</u>				
Name: <i>XYZ Company</i> Location # <u>0669</u> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FO B: <input type="checkbox"/>			Trailer number: <i>EFGH56789</i> Seal number(s): <i>654328971</i>				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			SCAC: <i>EFGH</i> Pro number: <i>12345678901234567890</i>				
Name: _____ Address: _____ City/State/Zip: _____			 (9012K) EFGH12345678901234567890				
SPECIAL INSTRUCTIONS:			Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			Y	N			
<i>SEE ATTACHED SUPPLEMENT PAGE</i>			Y	N			
			Y	N			
			Y	N			
<b>GRAND TOTAL</b>	<i>2166 ctns</i>	<i>14978 lbs</i>					
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TY PE	WEIGHT	H.M. (X)	Commodity 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 2.4.1 of NMFC Item 260	
23	<i>plts</i>	2076	<i>ctn s</i>	14295		NMFC #	CLASS
				<i>lbs</i>			
90	<i>ctns</i>	90	<i>ctn s</i>	683			
				<i>lbs</i>			
<b>113</b>		<b>2166</b>		<b>14978</b>		<b>GRAND TOTAL</b>	
				<i>lbs</i>			
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 _____ or _____				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 / 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 regulations of the Department of Transportation.				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input checked="" 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.  Property described above is received in good order, except as noted.			





## 12.3 EXAMPLE 2 - USE OF THE SUPPLEMENT TO THE BILL OF LADING ON A TRUCKLOAD SHIPMENT

**Characteristics:** Customer Order Information on *modified* format of Supplement Page.

Date: 02/01/1999		<b>BILL OF LADING</b>			Page 1	
<b>SHIP FROM</b>				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>						
<b>SHIP TO</b>				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <u>EFGH56789</u> Seal number(s): <u>654328971</u>		
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>				SCAC: <u>EFGH</u> Pro number: <u>12345678901234567890</u>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				 (9012K) EFGH12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
<b>CUSTOMER ORDER INFORMATION</b>						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
			Y	N		
<u>SEE ATTACHED SUPPLEMENT PAGE</u>			Y	N		
			Y	N		
			Y	N		
<b>GRAND TOTAL</b>	<b>690</b>	<b>6900 lbs</b>				
<b>CARRIER INFORMATION</b>						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS
690	ctns	690	ctns	6900 lbs		
<small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC rate 200.</small>						
690		690		6900 lbs		
<b>GRAND TOTAL</b>						
<small>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 _____ or _____</small>				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).						
<small>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.</small>				<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>		
SHIPPER SIGNATURE / DATE		Trailer Loaded		Freight Counted		CARRIER SIGNATURE / PICKUP DATE
<small>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 regulations of the Department of Transportation.</small>		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver (pellets said to contain) <input checked="" type="checkbox"/> By Driver/Pieces		<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information has been made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>



**Characteristics:** Supplement Page *modified* to show *Customer Order Information only*.

Date: 02/01/1999		SUPPLEMENT TO THE BILL OF LADING			Page 2
				Bill of Lading Number: <b>06141411234567890</b>	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# OF PKGS	WEIGHT (lbs)	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
1234567	10	100	Y	<input type="radio"/> N	
2345678	20	200	Y	<input type="radio"/> N	
3456789	10	100	Y	<input type="radio"/> N	
4567890	20	200	Y	<input type="radio"/> N	
5678901	30	300	Y	<input type="radio"/> N	
6789012	20	200	Y	<input type="radio"/> N	
7890123	10	100	Y	<input type="radio"/> N	
8901234	30	300	Y	<input type="radio"/> N	
9012345	10	100	Y	<input type="radio"/> N	
0123456	20	200	Y	<input type="radio"/> N	
12345678	10	100	Y	<input type="radio"/> N	
23456789	30	300	Y	<input type="radio"/> N	
34567890	40	400	Y	<input type="radio"/> N	
45678901	20	200	Y	<input type="radio"/> N	
56789012	30	300	Y	<input type="radio"/> N	
67890123	10	100	Y	<input type="radio"/> N	
78901234	20	200	Y	<input type="radio"/> N	
89012345	30	300	Y	<input type="radio"/> N	
90123456	50	500	Y	<input type="radio"/> N	
01234567	40	400	Y	<input type="radio"/> N	
98765432	10	100	Y	<input type="radio"/> N	
87654321	10	100	Y	<input type="radio"/> N	
76543210	10	100	Y	<input type="radio"/> N	
65432109	20	200	Y	<input type="radio"/> N	
54321098	30	300	Y	<input type="radio"/> N	
43210987	10	100	Y	<input type="radio"/> N	
32109876	20	200	Y	<input type="radio"/> N	
21098765	30	300	Y	<input type="radio"/> N	
10987654	10	100	Y	<input type="radio"/> N	
09876543	10	100	Y	<input type="radio"/> N	
9876543	10	100	Y	<input type="radio"/> N	
8765432	20	200	Y	<input type="radio"/> N	
7654321	40	400	Y	<input type="radio"/> N	
<b>PAGE SUBTOTAL</b>		690	6900		



## 12.4 EXAMPLE 3 - USE OF THE SUPPLEMENT TO THE BILL OF LADING ON A LTL SHIPMENT

**Characteristics:** Carrier Information on *modified* Supplement Page.

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1		
<b>SHIP FROM</b>								
Name: <i>ABC Company</i>						Bill of Lading Number: <b>06141411234567890</b>		
Address: <i>1000 ABC Drive</i>						 (402) 06141411234567890		
City/State/Zip: <i>Any City, AB, 10000</i>								
SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>						<b>CARRIER NAME:</b> <u><i>LTL Transportation</i></u>		
Name: <i>XYZ Company</i> Location #: <b>0669</b>						Trailer number: _____		
Address: <i>9000 XYZ Drive</i>						Seal number(s): _____		
City/State/Zip: <i>Some City, ZY 90000</i>						<b>SCAC:</b> <i>ABCD</i>		
CID#: _____ FOB: <input type="checkbox"/>						<b>Pro number:</b> <i>12345678901234567890</i>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>						 (9012K) ABCD12345678901234567890		
Name: _____								
Address: _____								
City/State/Zip: _____						<b>Freight Charge Terms:</b> <i>(freight charges are prepaid unless marked otherwise)</i>		
SPECIAL INSTRUCTIONS:						Prepaid _____ Collect <u><i>X</i></u> 3 <sup>rd</sup> Party _____		
						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<b>45012345698</b>		<i>500 ctns</i>	<i>2500 lbs</i>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>6805673</b>		<i>450 ctns</i>	<i>2250 lbs</i>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>6789102</b>		<i>50 ctns</i>	<i>250 lbs</i>	<input checked="" type="radio"/>	<input type="radio"/>			
				<input type="radio"/>	<input type="radio"/>			
				<input type="radio"/>	<input type="radio"/>			
<b>GRAND TOTAL</b>		<b>1000 ctns</b>	<b>5000 lbs</b>					
<b>CARRIER INFORMATION</b>								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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>		
<b>See Attached Supplement Page</b>								
<b>13</b>		<b>1000</b>		<b>5000 lbs</b>		<b>GRAND TOTAL</b>		
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 _____ <b>OR</b> _____						COD Amount: \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>								
<small>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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE						Signature _____ Shipper		
<small>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 regulations of the Department of Transportation.</small>						Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		
						Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		
						CARRIER SIGNATURE / PICKUP DATE		
						<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. *Property described above is received in good order, except as noted.</small>		





**Characteristics:** Supplement Page *modified* to show *Carrier Information only*.



Date: 02/01/1999		SUPPLEMENT TO THE BILL OF LADING					Page 2	
						Bill of Lading Number: <b>06141411234567890</b>		
CARRIER INFORMATION								
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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	plts	50	ctns	100		Sport Accessories	154865 00	70
		20	ctns	100		Clothing NOI	049880 03	
1	plts	20	ctns	50		Video, Tape Recording	168955 03	92.5
		20	ctns	100		Clothing NOI	049880 03	
		20	ctns	100		Sport Accessories	154865 00	70
		5	ctns	150		Video, Tape Recording	168955 03	92.5
		5	ctns	50		Recordings, Sound, Disc, Tape	168945 01	100
1	plts	20	ctns	50		Clothing NOI	049880 03	
		20	ctns	50		Cotton Hosiery	049940 00	
		40	ctns	100		Sport Accessories	154865 00	70
1	plts	50	ctns	250		Clothing NOI	049880 03	
		20	ctns	100		Recordings, Sound, Disc, Tape	168945 01	100
		10	ctns	50		Sport Accessories	154865 00	70
1	plts	20	ctns	100		Clothing NOI	049880 03	
		50	ctns	250		Cotton Hosiery	049940 00	
		10	ctns	50		Sport Accessories	154865 00	70
		10	ctns	50		Clothing NOI	049880 03	
		10	ctns	50		Video, Tape Recording	168955 03	92.5
1	plts	80	ctns	400		Sport Accessories	154865 00	70
1	plts	20	ctns	100		Video, Tape Recording	168955 03	92.5
		60	ctns	300		Recordings, Sound, Disc, Tape	168945 01	100
1	plts	80	ctns	400		Video, Tape Recording	168955 03	92.5
1	plts	80	ctns	400		Video, Tape Recording	168955 03	92.5
1	plts	30	ctns	150		Recordings, Sound, Disc, Tape	168945 01	100
		50	ctns	250		Video, Tape Recording	168955 03	92.5
1	plts	50	ctns	250		Cotton Hosiery	049940 00	
		20	ctns	100		Sport Accessories	154865 00	70
		10	ctns	50		Clothing NOI	049880 03	
13		1000		5000		<b>PAGE SUBTOTAL</b>		



# 13 APPENDIX C



## 13.1 EXAMPLE 1 - USE OF MASTER BILL OF LADING WITH TWO (2) UNDERLYING BOLs FOR CONSOLIDATION

### Master Bill of Lading

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>							
Name: <i>ABC Company</i>				Bill of Lading Number: <u>06141411234567890</u>			
Address: <i>1000 ABC Drive</i>				 (402) 06141411234567890			
City/State/Zip: <i>Any City, AB, 10000</i>							
SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>				<b>CARRIER NAME: <i>Truckload Transportation</i></b>			
Name: <i>XYZ Company</i>		Location #: _____		Trailer number: <i>EFGH56789</i>			
Address: <i>9000 XYZ Drive</i>				Seal number(s): <i>654329873</i>			
City/State/Zip: <i>Some City, ZY 90000</i>				<b>SCAC: <i>EFGH</i></b>			
CID#: _____		FOB: <input type="checkbox"/>		<b>Pro number: <i>2345678901234567890</i></b>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				 (9012K) EFGH 12345678901234567890			
Name: _____							
Address: _____							
City/State/Zip: _____				<b>Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i></b>			
SPECIAL INSTRUCTIONS: <i>Underlying Bill of Lading Numbers:</i>				Prepaid _____		Collect <input checked="" type="checkbox"/> _____	
<i>06141411234567906, 06141411234567913</i>				3 <sup>rd</sup> Party _____			
				<input checked="" type="checkbox"/> (check box)		Master Bill of Lading: with attached underlying Bills of Lading	
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
<b>166314542648</b>		206	1836 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N			
<b>16076364298</b>		305	2430 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N			
<b>16793643</b>		882	5280 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
<b>GRAND TOTAL</b>		1393	9546 lbs				
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
6	<i>plts</i>	511	<i>ctns</i>	4266 lbs			
9	<i>plts</i>	882	<i>ctns</i>	5280 lbs			
15		1393		9546 lbs			
<b>GRAND TOTAL</b>							
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 _____ DEC _____						COD Amount: \$ _____	
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.						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.						Shipper	
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:	
*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 regulations of the Department of Transportation.				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
				<input checked="" type="checkbox"/> By Driver		<input checked="" 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. *Property described above is received in good order, except as noted.	





First Underlying BOL

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>						Bill of Lading Number: <u>06141411234567906</u>	
Name: <u>ABC Company</u>						 (402) 06141411234567906	
Address: <u>1000 ABC Drive</u>							
City/State/Zip: <u>Any City, AB, 10000</u>							
SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>						CARRIER NAME: <u>Truckload Transportation</u>	
Name: <u>XYZ Company</u> Location #: <u>0600</u>						Trailer number: <u>EFGH56789</u>	
Address: <u>9000 XYZ Drive</u>						Seal number(s): <u>654329873</u>	
City/State/Zip: <u>Some City, ZY 90000</u>						SCAC: <u>EFGH</u>	
CID#: _____ FOB: <input type="checkbox"/>						Pro number: <u>12345678901234567890</u>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>						 (9012K) EFGH 12345678901234567890	
Name: _____							
Address: _____						Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
City/State/Zip: _____						Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____	
SPECIAL INSTRUCTIONS: <u>Master Bill of Lading Number:</u>						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
<u>06141411234567890</u>							
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
<u>16076364298</u>		<u>203</u>	<u>1617 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N		
<u>16793643</u>		<u>588</u>	<u>3520 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
<b>GRAND TOTAL</b>		<u>791</u>	<u>5137 lbs</u>				
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.</small>	
<u>3</u>	<u>plt</u>	<u>203</u>	<u>ctn</u>	<u>1617 lbs</u>		<u>Clothing</u>	NMFC # _____ CLASS _____
<u>6</u>	<u>plt</u>	<u>588</u>	<u>ctn</u>	<u>3520 lbs</u>		<u>Cotton Hosiery</u>	
<u>9</u>		<u>791</u>		<u>5137 lbs</u>		<b>GRAND TOTAL</b>	
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 _____ BSR _____						COD Amount: \$ _____	
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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 / DATE						Signature _____ Shipper	
<small>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 regulations of the Department of Transportation.</small>						Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver	
						Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
						CARRIER SIGNATURE/PICKUP DATE	
						<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. Property described above is received in good order, except as noted.</small>	







Second Underlying BOL

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1		
<b>SHIP FROM</b>								
Name: <i>ABC Company</i>				Bill of Lading Number: <b>06141411234567913</b>				
Address: <i>1000 ABC Drive</i>				 (402) 06141411234567913				
City/State/Zip: <i>Any City, AB, 10000</i>								
SID#: _____				FOB: <input type="checkbox"/>				
<b>SHIP TO</b>								
Name: <i>XYZ Company</i>				CARRIER NAME: <i>Truckload Transportation</i>				
Address: <i>9000 XYZ Drive</i>				Trailer number: <i>EFGH56789</i>				
City/State/Zip: <i>Some City, ZY 90000</i>				Seal number(s): <i>654329873</i>				
CID#: _____				SCAC: <i>EFGH</i>				
Location #: <b>0500</b>				Pro number: <b>12345678901234567890</b>				
FOB: <input type="checkbox"/>				 (9012K) EFGH 12345678901234567890				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>								
Name: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
Address: _____				Prepaid _____ Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____				
City/State/Zip: _____				Master Bill of Lading: with attached underlying Bills of Lading				
SPECIAL INSTRUCTIONS: <i>Master Bill of Lading Number: 06141411234567890</i>				<input type="checkbox"/> (check box)				
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<b>166314542648</b>		206	1836 lbs	<input checked="" type="radio"/> Y	<input type="radio"/> N			
<b>16076364298</b>		102	813 lbs	<input checked="" type="radio"/> Y	<input type="radio"/> N			
<b>16793643</b>		294	1760 lbs	<input checked="" type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
<b>GRAND TOTAL</b>		<b>602</b>	<b>4409 lbs</b>					
<b>CARRIER INFORMATION</b>								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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 350</small>		
3	<i>plts</i>	308	<i>ctns</i>	2649 lbs		NMFC # CLASS		
3	<i>plts</i>	294	<i>ctns</i>	1760 lbs		<i>Clothing NOI</i>		
						<i>Cotton Hosiery</i>		
<b>6</b>		<b>602</b>		<b>4409 lbs</b>		<b>GRAND TOTAL</b>		
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 _____ BSC.						COD Amount: \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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 / DATE						Signature		
Trailer Loaded:						CARRIER SIGNATURE/PICKUP DATE		
<input type="checkbox"/> By Shipper						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.		
<input checked="" type="checkbox"/> By Driver						*Property described above is received in good order, except as noted.		
Freight Counted:								
<input type="checkbox"/> By Shipper								
<input checked="" type="checkbox"/> By Driver/pallets said to contain								
<input type="checkbox"/> By Driver/Pieces								





### 13.2 EXAMPLE 2 - INVOICE PER CUSTOMER ORDER REQUIRING THREE (3) SEPARATE BOLs ON AN LTL SHIPMENT

**Master Bill of Lading**

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1		
<b>SHIP FROM</b>				Bill of Lading Number: <b>06141411234567890</b>				
Name: <i>ABC Company</i>				 (402) 06141411234567890				
Address: <i>1000 ABC Drive</i>								
City/State/Zip: <i>Any City, AB, 10000</i>								
SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>				CARRIER NAME: <u><i>LTL Transportation</i></u>				
Name: <i>XYZ Company</i>		Location #: <b>0669</b>		Trailer number: _____				
Address: <i>9000 XYZ Drive</i>				Seal number(s): _____				
City/State/Zip: <i>Some City, ZY 90000</i>				SCAC: <b>ABCD</b>				
CID#: _____		FOB: <input type="checkbox"/>		Pro number: <b>12345678901234567890</b>				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				 (9012K) ABCD 1234567890 1234567890				
Name: _____								
Address: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
City/State/Zip: _____				Prepaid _____ Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____				
SPECIAL INSTRUCTIONS: <i>Underlying Bill of Lading Numbers:</i>				<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>				
<i>06141411234567906, 06141411234567913, 06141411234567920</i>								
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<b>6076314569</b>		206	1836 lbs	<input checked="" type="radio"/>	<input type="radio"/> N	26 loose cartons		
<b>160763642</b>		305	2430 lbs	<input checked="" type="radio"/>	<input type="radio"/> N	65 loose cartons		
<b>7936433457</b>		882	5280 lbs	<input checked="" type="radio"/>	<input type="radio"/> N	2 loose cartons		
				<input type="radio"/> Y	<input type="radio"/> N			
<b>GRAND TOTAL</b>		<b>1393</b>	<b>9546 lbs</b>					
<b>CARRIER INFORMATION</b>								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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>		
5	<i>plts</i>	420	<i>ctns</i>	3517 lbs		<i>Clothing NOI</i>	049880 03	
11	<i>plts</i>	880	<i>ctns</i>	5268 lbs		<i>Cotton Hosiery</i>	049940 00	
91	<i>ctns</i>	91	<i>ctns</i>	749 lbs		<i>Clothing NOI</i>	049880 03	
2	<i>ctns</i>	2	<i>ctns</i>	12 lbs		<i>Cotton Hosiery</i>	049940 00	
<b>109</b>		<b>1393</b>		<b>9546 lbs</b>		<b>GRAND TOTAL</b>		
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 _____ BFC _____						COD Amount: \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>								
<small>RESERVED, 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						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>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>		
<small>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 regulations of the Department of Transportation.</small>		<input checked="" type="checkbox"/> By Shipper		<input checked="" type="checkbox"/> By Shipper		<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>*Property described above is received in good or, except as noted:</small></small>		
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain				
				<input type="checkbox"/> By Driver/Pieces				





Underlying BOL for First Customer Order

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1			
<b>SHIP FROM</b>									
Name: ABC Company		Bill of Lading Number: <b>06141411234567906</b>							
Address: 1000 ABC Drive		 (402) 06141411234567906							
City/State/Zip: Any City, AB, 10000									
SID#: _____ FOB: <input type="checkbox"/>									
<b>SHIP TO</b>						<b>CARRIER NAME: LTL Transportation</b>			
Name: XYZ Company		Location #: <b>0669</b>		Trailer number: _____					
Address: 9000 XYZ Drive				Seal number(s): _____					
City/State/Zip: Some City, ZY 90000				<b>SCAC: ABCD</b>					
CID#: _____ FOB: <input type="checkbox"/>				Pro number: <b>12345678901234567890</b>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>						 (9012K) AB CD 12345678901234567890			
Name: _____									
Address: _____									
City/State/Zip: _____						<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>			
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: <b>06141411234567890</b>						Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____			
						<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>			
<b>CUSTOMER ORDER INFORMATION</b>									
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>			
<b>6076314569</b>		206	1836 lbs	Y	N	26 loose cartons			
				Y	N				
				Y	N				
				Y	N				
				Y	N				
<b>GRAND TOTAL</b>		206	1836 lbs						
<b>CARRIER INFORMATION</b>									
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>			<b>LTL ONLY</b>		
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>		<b>NMFC #</b>	<b>CLASS</b>
2	plts	180	ctns	1604 lbs		Clothing NOI		049880 03	
26	ctns	26	ctns	232 lbs		Clothing NOI		049880 03	
28		206		1836 lbs		<b>GRAND TOTAL</b>			
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 _____ BFC _____.						COD Amount: \$ _____			
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>		Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>									
<small>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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
<b>SHIPPER SIGNATURE / DATE</b>						Signature _____		Shipper	
<small>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 regulations of the Department of Transportation.</small>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>			
		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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>Property described above is received in good order, except as noted.</small>			





Underlying BOL for Second Customer Order

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>							
Name: <i>ABC Company</i>						Bill of Lading Number: <b>06141411234567906</b>	
Address: <i>1000 ABC Drive</i>						 (402) 06141411234567906	
City/State/Zip: <i>Any City, AB, 10000</i>							
SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>							
Name: <i>XYZ Company</i> Location #: <b>0669</b>						CARRIER NAME: <i>LTL Transportation</i>	
Address: <i>9000 XYZ Drive</i>						Trailer number: _____	
City/State/Zip: <i>Some City, ZY 90000</i>						Seal number(s): _____	
CID#: _____ FOB: <input type="checkbox"/>						SCAC: <b>ABCD</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name: _____						 (9012K) ABCD12345678901234567890	
Address: _____							
City/State/Zip: _____							
SPECIAL INSTRUCTIONS: <i>Master Bill of Lading Number:</i>						Pro number: <b>12345678901234567890</b>	
<b>06141411234567890</b>						Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
						Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____	
						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>	
<b>160763642</b>		305	2430 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N		65 loose cartons	
<b>GRAND TOTAL</b>		305	1836 lbs				
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
3	plts	240	ctns	1912 lbs		049880 03	
65	ctns	65	ctns	518 lbs		049880 03	
68		305		2430 lbs		<b>GRAND TOTAL</b>	
<small>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 _____          OR _____</small>						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>							
<small>RESERVED, 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						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>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>	
<small>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 regulations of the Department of Transportation.</small>		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<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.          *Property described above is received in good order, except as noted.</small>	







**Underlying BOL for Third Customer Order**

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1			
<b>SHIP FROM</b>					Bill of Lading Number: <b>06141411234567920</b>				
Name: <i>ABC Company</i>					 (402) 06141411234567920				
Address: <i>1000 ABC Drive</i>									
City/State/Zip: <i>Any City, AB, 10000</i>									
SID#: _____ FOB: <input type="checkbox"/>									
<b>SHIP TO</b>					CARRIER NAME: <i>LTL Transportation</i>				
Name: <i>XYZ Company</i> Location #: <b>0669</b>					Trailer number: _____				
Address: <i>9000 XYZ Drive</i>					Seal number(s): _____				
City/State/Zip: <i>Some City, ZY 90000</i>					SCAC: <b>ABCD</b>				
CID#: _____ FOB: <input type="checkbox"/>					Pro number: <b>12345678901234567890</b>				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					 (9012K) ABCD12345678901234567890				
Name: _____									
Address: _____					Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
City/State/Zip: _____					Prepaid _____ Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____				
SPECIAL INSTRUCTIONS: <i>Master Bill of Lading Number:</i>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>				
<i>06141411234567890</i>									
<b>CUSTOMER ORDER INFORMATION</b>									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
<b>7936433457</b>		882	5280 lbs	<input checked="" type="radio"/>	<input type="radio"/>	2 loose cartons			
				<input type="radio"/>	<input type="radio"/>				
				<input type="radio"/>	<input type="radio"/>				
				<input type="radio"/>	<input type="radio"/>				
				<input type="radio"/>	<input type="radio"/>				
<b>GRAND TOTAL</b>		882	5280 lbs						
<b>CARRIER INFORMATION</b>									
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY		
QTY		QTY	TYPE	WEIGHT	H.M. (X)	<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
11	plts	880	ctns	5268 lbs		Cotton Hosiery		049940 00	
2	plts	2	ctns	12 lbs		Cotton Hosiery		049940 00	
<b>13</b>		<b>882</b>		<b>5280 lbs</b>		<b>GRAND TOTAL</b>			
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 _____.						COD Amount: \$ _____			
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>		Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</b>									
<small>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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>			
SHIPPER SIGNATURE / DATE						Trailer Loaded:		Freight Counted:	
<small>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 regulations of the Department of Transportation.</small>						<input checked="" type="checkbox"/> By Shipper		<input checked="" 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			
						<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. Property described above is received in good order, except as noted.</small>			





### 13.3 EXAMPLE 3 - TRUCKLOAD MULTIPLE STOP LOAD

#### Master BOL for Two Stops

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>							
Name: ABC Company		Address: 1000 ABC Drive		City/State/Zip: Any City, AB, 10000		SID#: _____	
		FOB: <input type="checkbox"/>		Bill of Lading Number: <b>06141411234567890</b>			
				 (402) 06141411234567890			
<b>SHIP TO</b>				<b>CARRIER NAME:</b> <u>Truckload Transportation</u>			
Name: XYZ Company		Location #: <u>2434</u>		Trailer number: EFGH56789		Seal number: 654328971	
Address: 1000 XYZ Drive		City/State/Zip: Some City, ZY 90000		SCAC: <b>EFGH</b>		Pro number: <b>12345678901234567890</b>	
CID#: _____		FOB: <input type="checkbox"/>		 (9012K) EFGH 12345678901234567890			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name: _____		Address: _____		City/State/Zip: _____			
				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>			
SPECIAL INSTRUCTIONS: <i>Underlying Bill of Lading Numbers:</i>				Prepaid _____		Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____	
Stop #1: 06141411234567906; Stop #2: 06141411234567913							
"Multiple Stop Load"				<input checked="" type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
				(check box)			
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>	
				Y    N			
<b>See Attached Underlying Bills of Lading</b>				Y    N			
				Y    N			
				Y    N			
<b>GRAND TOTAL</b>		1730	15881 lbs				
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<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>	<b>NMFC #</b>
							<b>CLASS</b>
						<b>See Attached Underlying Bills of Lading</b>	
147		1730		15881 lbs		<b>GRAND TOTAL</b>	
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 _____ DOLLARS."				COD Amount: \$ _____			
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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.			
<b>SHIPPER SIGNATURE / DATE</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>	
<small>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 regulations of the Department of Transportation.</small>				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
				<input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain	
				<input checked="" 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. *Property described above is received in good order, except as noted.</small>			





First Stop

Date: 02/01/1999		<b>BILL OF LADING</b>				Page 1	
<b>SHIP FROM</b>					Bill of Lading Number: <u>06141411234567906</u>		
Name: <u>ABC Company</u>					 (402) 06141411234567906		
Address: <u>1000 ABC Drive</u>							
City/State/Zip: <u>Any City, AB, 10000</u>							
SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>					CARRIER NAME: <u>Truckload Transportation</u>		
Name: <u>XYZ Company</u> Location #: <u>0669</u>					Trailer number: <u>EFGH56789</u>		
Address: <u>9000 XYZ Drive</u>					Seal number(s): <u>654328971</u>		
City/State/Zip: <u>Some City, ZY 90000</u>					SCAC: <u>EFGH</u>		
CID#: _____ FOB: <input type="checkbox"/>					Pro number: <u>12345678901234567890</u>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					 (9012K) EFGH12345678901234567890		
Name: _____							
Address: _____					Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>		
City/State/Zip: _____					Prepaid _____ Collect <u>X</u> 3 <sup>rd</sup> Party _____		
SPECIAL INSTRUCTIONS: <u>Master Bill of Lading Number:</u>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
<u>06141411234567890</u>							
<u>STOP #1</u>							
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
<u>756831012</u>		<u>541 ctns</u>	<u>5673 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<u>61 loose</u>	
<u>75695</u>		<u>280 ctns</u>	<u>2936 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<u>40 loose</u>	
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
<b>GRAND TOTAL</b>		<u>821 ctns</u>	<u>8609 lbs</u>				
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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
<u>9</u>	<u>plts</u>	<u>720</u>	<u>ctns</u>	<u>7550 lbs</u>		<u>Cartons of Cotton Hosiery</u>	
<u>101</u>	<u>ctns</u>	<u>101</u>		<u>1059 lbs</u>		<u>Cartons of Cotton Hosiery</u>	
<u>110</u>		<u>821</u>		<u>8609 lbs</u>		<b>GRAND TOTAL</b>	
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 _____					COD Amount: \$ _____		
					Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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 / DATE					Trailer Loaded:		Freight Counted:
<small>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 regulations of the Department of Transportation.</small>					<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper
					<input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain
					<input checked="" type="checkbox"/> By Driver/Pieces		
					CARRIER SIGNATURE / PICKUP DATE		
					<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. *Property described above is received in good order, except as noted.</small>		



Second Stop

Date: 02/01/1999		<b>BILL OF LADING</b>			Page 1		
<b>SHIP FROM</b>							
Name: ABC Company		Bill of Lading Number: <u>06141411234567913</u>					
Address: 1000 ABC Drive							
City/State/Zip: Any City, AB, 10000		(402) 06141411234567913					
SID#: _____		FOB: <input type="checkbox"/>					
<b>SHIP TO</b>				<b>CARRIER NAME:</b> <u>Truckload Transportation</u>			
Name: XYZ Company		Location #: <u>2434</u>		Trailer number: <u>EFGH56789</u>			
Address: 1000 Some Street North		Seal number(s): <u>654328971</u>					
City/State/Zip: Some City, ZY 90000		<b>SCAC:</b> <u>EFGH</u>					
CID#: _____		FOB: <input type="checkbox"/>		Pro number: <u>12345678901234567890</u>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name: _____		(9012K) EFGH 12345678901234567890					
Address: _____		<b>Freight Charge Terms:</b> <i>(freight charges are prepaid unless marked otherwise)</i>					
City/State/Zip: _____		Prepaid _____		Collect <u>X</u> 3 <sup>rd</sup> Party _____			
SPECIAL INSTRUCTIONS: <i>Master Bill of Lading Number:</i>				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
<u>06141411234567890</u>				(check box)			
<u>STOP #2</u>							
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>	<b>ADDITIONAL SHIPPER INFO</b>		
<u>30618762</u>		<u>144 ctns</u>	<u>5673 lbs</u>	(Y) N			
<u>36188</u>		<u>683 ctns</u>	<u>2936 lbs</u>	(Y) N			
<u>30061950669</u>		<u>82 ctns</u>	<u>656 lbs</u>	(Y) N	<u>29 cartons loose</u>		
				Y N			
				Y N			
<b>GRAND TOTAL</b>		<u>909 ctns</u>	<u>8609 lbs</u>				
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>NMFC #</b>	<b>CLASS</b>
<u>8</u>	<u>plts</u>	<u>880</u>	<u>ctns</u>	<u>7040 lbs</u>			
<u>29</u>	<u>ctns</u>	<u>29</u>	<u>ctns</u>	<u>232 lbs</u>			
<u>37</u>		<u>909</u>		<u>7272 lbs</u>			
				<b>GRAND TOTAL</b>			
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 _____" <u>DEC</u>				<b>COD Amount: \$</b> _____			
				<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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.			
<b>SHIPPER SIGNATURE / DATE</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>	
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 regulations of the Department of Transportation.				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
				<input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain	
				<input checked="" type="checkbox"/> By Driver/Pieces			
				<b>CARRIER SIGNATURE / PICKUP DATE</b>			
				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. *Property described above is received in good order, except as noted.			







## 15 APPENDIX E: SHIPPING MANIFEST

The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer-specified intermediate location (e.g., distribution center, consolidator) with the individual cartons marked for specific store locations. This is commonly referred to as *Ship To / Marked For Cross Dock shipments*. The manifest contains store-level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store, and weight/cube totals.

***The Shipping Manifest is detailed information required by the consignee. The information is not used by the carriers and therefore, the manifest is not a replacement for or part of the Bill of Lading.*** The manifest can be attached to the GS1 US BOL; however, the industry best practice is to send the Shipping Manifest directly to the consignee.

Nonetheless, there is information on the shipping manifest that does appear on a GS1 US Bill of Lading. The header information on the manifest corresponds to the same information on the related BOL for a shipment. The grand total of the cartons from the manifest is the same as the total provide in the *Carrier Information* section of the related GS1 US BOL. The grand total of the weight and cube information on the manifest may vary slightly to the corresponding totals on the GS1 US BOL due to rounding routines.

### 15.1 RECOMMENDED SHIPPING MANIFEST MANDATORY & OPTIONAL DATA ELEMENTS

(Company Name)							
Date: ____ (M) ____		<b>SHIPPING MANIFEST</b>				Page (M)	
From: _____ (M)		Master / Bill of Lading #: ____ (M) ____					
_____ (M)		Ship To: _____ (M)					
_____ (M)		_____ (M)					
_____ (M)		_____ (M)					
Carrier Name: ____ (O) _____				CID #: _____ (O) _____			
Special Instructions: (O)							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT	CUBE	SHIPPER REF. NUMBER
(M)	(M)	(M)	(M)	(M)	(M)	(M)	(O)

## 15.2 KEY SHIPPING MANIFEST DATA CONTENT EXPLANATIONS

DATA ELEMENT	EXPLANATION
PAGE	The manifest is considered a separate document and therefore, the first page starts at page one.
MASTER / BILL OF LADING	The corresponding BOL number for the shipment is used. Use of a Master BOL Number is dependent upon the shipper's processes and ship-to requirements (i.e., Master BOLs used in shipments to a third party consolidation ship-to destination). <b>WARNING:</b> Use of the Master BOL requires that the corresponding EDI 856 ASN contains the Master BOL Number.
FROM	This does not have to be the full vendor address. A full address is usually included when there are multiple shipping points and /or the vendor uses third party logistics providers.
SHIP TO	The customer's name and ship-to location number. If shipping to a third party logistics provider (i.e. consolidator), customer name and the Care Of (C/O) name of the third party and if needed, the full address.
CARRIER NAME	The carrier name and SCAC.
CID # (CUSTOMER AUTHORIZATION #)	A number assigned to the shipment by the customer and required for scheduling, tracking and/or receipt. Examples would be appointment numbers, collect move authorization numbers, etc.
SPECIAL INSTRUCTIONS	A special instructions section can be added to the header area at the Shipper's discretion. The special instructions on the Shipping Manifest is typically used by the Shipper for order processing purposes.
STORE #	The buyer assigned store location number based on the data sent on the corresponding purchase order for the Marked-for store. This could also be the buyer's distribution center location number when there also contains Marked-for purchase order data for a distribution center.
CITY/STATE:	City and State for the corresponding store location number. Full address should not be needed since this is a document for either the customer or their third party logistics provider who should not need the full address to process.
PAGE	The manifest is considered a separate document and therefore, the first page starts at page one.
DEPT #	Buyer-assigned category number that is mandatory based on buyer's shipping requirements.
CUSTOMER ORDER NUMBER	Purchase order number or other key purchasing number used within a non-retail supply chains to acknowledge receipt for invoice payment.
CARTONS	Total cartons per store / customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship-to location. Totals by intermediate location (i.e., third party consolidator).
WEIGHT	Total weight of the total cartons per store/customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship-to location. Totals by intermediate location (i.e., third party consolidator). Weight is typically rounded up to the nearest whole number.
CUBE	Total cube (height x length x width) of the total cartons per store/customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship-to location. Totals by intermediate location (i.e., third party consolidator). Cube is typically rounded up to the nearest whole number.
SHIPPERS REF. NUMBER	Examples of reference number data would be underlying <i>BOL Number</i> when a <i>Master BOL Number</i> is used in the header of the shipping manifest, Shipper's invoice # and the carrier trailer number. The column heading should be changed to indicate the column data contents.
GRAND TOTALS	The grand total of cartons, weight and cube for the entire shipment. If possible, this should be displayed on the first page versus the last page. <b>(Warning:</b> Weight and cube are rounded up to the nearest whole number and therefore, the grand totals for this data may vary slightly to the corresponding data on the GS1 US BOL.)



### 15.3 GENERAL FORMAT REQUIREMENTS

Generally, the same format rules of use for the GS1 US BOL apply to the Shipping Manifest:

- Data headings should appear in the general geographical area.
- Data line separators are optional based on print process.
- *BOL Number* is located in the upper right side of the header information section on the first page.
- Presentation can be done in either portrait or landscape orientation.

### 15.4 SHIPPING MANIFEST EXAMPLE 1:

**Characteristics:** Shipment to intermediate third party location. Master BOL not used. Invoice number provided in the *Shipper Reference Number* column.

**Note:** Example depicts only the first page of a multiple page manifest; therefore the *Grand Totals* represent all pages of the Shipping Manifest.

USA Supplier							
Date: 08/01/00		<b>SHIPPING MANIFEST</b>				Page 1	
From: USA Supplier Charlotte, NC 28217		Bill of Lading #: 12345678901234567		Ship To: Retailer C/O Third Party Provider			
Carrier Name: LTL Transportation ABCD		CID #: 500501000					
Special Instructions: Fax copy of manifest to third party provider at 204-331-1234							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT (LBS)	CUBE	INVOICE NUMBER
001	Los Angeles, CA	020	1234567-500	10	10	20	123500
002	Anaheim, CA	020	1234567-501	20	10	40	123501
003	Los Angeles, CA	020	1234567-502	10	5	20	123502
004	Los Angeles, CA	020	1234567-503	30	6	30	123503
005	Los Angeles, CA	020	1234567-504	10	10	20	123504
006	Los Angeles, CA	020	1234567-505	10	2	20	123505
007	San Diego, CA	020	1234567-506	10	2	20	123506
008	San Diego, CA	020	1234567-507	20	10	40	123507
009	San Diego, CA	020	1234567-508	20	10	40	123508
010	San Diego, CA	020	1234567-509	10	2	20	123509
011	San Francisco, CA	020	1234567-510	20	10	40	123510
012	San Francisco, CA	020	1234567-511	20	10	40	123511
013	San Francisco, CA	020	1234567-512	30	6	60	123512
014	San Francisco, CA	020	1234567-513	10	2	20	123513
015	San Francisco, CA	020	1234567-514	20	10	40	123514
030	Sacramento, CA	020	1234567-515	20	10	40	123515
031	Sacramento, CA	020	1234567-516	30	6	60	123516
032	Sacramento, CA	020	1234567-517	30	6	60	123517
033	Sacramento, CA	020	1234567-518	10	10	20	123518
034	San Jose, CA	020	1234567-519	10	10	20	123519
Grand Totals:				750	457	1270	



## 15.5 SHIPPING MANIFEST EXAMPLE 2

**Characteristics:** Shipment to a customer’s distribution center location on a ship-to / marked-for cross dock shipment with multiple orders per store and sub-totals. Master BOL not used. Invoice number provided in the *Shipper Reference Number* column.

**Note:** Example depicts only the first page of a multiple page manifest; therefore the **Grand Totals** represent all pages of the Shipping Manifest.

<b>USA Supplier</b>							
<b>SHIPPING MANIFEST</b>							
<b>Date:</b> 08/01/00						<b>Page 1</b>	
				<b>Bill of Lading #: 12345678901234567</b>			
<b>From:</b> USA Supplier Charlotte, NC 28217		<b>Ship To:</b> Retailer DC # 4502 1111 Way Dr. Glendale, CA 91203					
<b>Carrier Name:</b> Roadway		<b>CID #:</b> 49494949499					
<b>Special Instructions:</b> Fax copy of manifest to Retailer DC at 818-950-1234							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT (LBS)	CUBE	INVOICE NUMBER
001	Los Angeles, CA	020	1234567-500	10	10	20	123500
			Store Total:	10	10	20	
002	Anaheim, CA	020	1234567-501	20	10	40	123501
			Store Total:	20	10	40	
003	Los Angeles, CA	020	1234567-502	10	5	20	123502
		020	4563333-099	30	6	30	222333
			Store Total:	40	11	50	
004	Los Angeles, CA	020	1234567-504	10	10	20	123504
		020	4563333-100	10	2	20	222334
			Store Total:	20	12	40	
005	San Diego, CA	020	1234567-506	10	2	20	123506
			4563333-101	20	10	40	222335
			Store Total:	30	12	60	
006	San Diego, CA	020	1234567-508	20	10	40	123508
		020	4563333-102	10	2	20	222339
			Store Total:	30	12	60	
011	San Francisco, CA	020	1234567-510	20	10	40	123510
		020	4563333-110	20	10	40	222350
			Store Total:	40	20	80	
<b>Grand Totals:</b>				550	357	1070	



### 15.6 SHIPPING MANIFEST EXAMPLE 3

**Characteristics:** Shipment to intermediate third party consolidator location on crossdock shipments to various customer distribution centers using a Master BOL. Underlying BOLs assigned by customer distribution center provided in the *Shipper Reference Number* column.

**Note:** Example depicts only the first page of a multiple page manifest; therefore the **Grand Totals** represent all pages of the Shipping Manifest.

USA Supplier SHIPPING MANIFEST							
Date: 08/01/00						Page 1	
From: USA Supplier Charlotte, NC 28217				Master Bill of Lading #: 12345678901234567			
Carrier Name: American				Ship To: Customer C/O A. Consolidator 2222 Lake Shore Long Beach, CA 91104			
				CID #:			
Special Instructions: Fax copy of manifest to third party provider at 204-331-1234							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CTNS	WGHT (LBS)	CUBE	BILL OF LADING NUMBER
1001	Glendale DC Stores						05678900000023456
001	Los Angeles, CA	020	1234567-500	10	10	20	
002	Anaheim, CA	020	1234567-501	20	10	40	
003	Los Angeles, CA	020	1234567-502	10	5	20	
004	Los Angeles, CA	020	1234567-503	30	6	30	
005	Los Angeles, CA	020	1234567-504	10	10	20	
006	Los Angeles, CA	020	1234567-505	10	2	20	
007	San Diego, CA	020	1234567-506	10	2	20	
008	San Diego, CA	020	1234567-507	20	10	40	
009	San Diego, CA	020	1234567-508	20	10	40	
010	San Diego, CA	020	1234567-509	10	2	20	
			Total 1001 DC	150	67	270	
2001	Hayward DC Stores						05678900000033451
011	San Francisco, CA	020	1234567-510	20	10	40	
012	San Francisco, CA	020	1234567-511	20	10	40	
013	San Francisco, CA	020	1234567-512	30	6	60	
014	San Francisco, CA	020	1234567-513	10	2	20	
015	San Francisco, CA	020	1234567-514	20	10	40	
030	Sacramento, CA	020	1234567-515	20	10	40	
031	Sacramento, CA	020	1234567-516	30	6	60	
032	Sacramento, CA	020	1234567-517	30	6	60	
033	Sacramento, CA	020	1234567-518	10	10	20	
			Total 2001 DC	190	70	380	
Grand Totals:				750	457	1270	





# 16 APPENDIX F: GS1 US BOL MAPPING TO THE CARRIER

## 16.1 EDI 204

TL 204 (4030) Load Tender		BILL OF LADING				Page 1	
<b>SHIP FROM</b>							
Name: <b>N1 01(SF), 02</b>		LOCATION#: <b>N1 04</b>		Bill of Lading Number: <b>B204</b> (Note: The B204 must be a unique number that identifies the entire shipment.) BAR CODE SPACE			
Address: <b>N301</b>							
City/State/Zip: <b>N4 01, 02, 03</b>		<u>Loop 0300</u>					
SID#: <b>L11 01, 02</b>		FOB: <input type="checkbox"/>					
<b>SHIP TO</b>							
Name: <b>N1 01(ST), 02</b>		LOCATION#: <b>N1 04</b>		CARRIER NAME:			
Address: <b>N301</b>				Trailer number: <b>N702, 11</b>			
City/State/Zip: <b>N401, 02, 03</b>		<u>Loop 0300</u>		Seal number(s): <u>Loop 0200</u>			
CID#: <b>L1101, 02</b>		FOB: <input type="checkbox"/>		SCAC: <b>B202</b>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name: <b>N101(BT), 02</b>				BAR CODE SPACE  Freight Charge Terms: <b>B206</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____			
Address: <b>N301</b>		<u>Loop 0100</u>					
City/State/Zip: <b>N401, 02, 03</b>							
<b>SPECIAL INSTRUCTIONS:</b>							
<b>Loop</b> <b>G61-Contact Name and Number</b> <b>G62- Pickup/Delivery Appointments</b> <b>AT5-Special Handling</b> <b>NTE-Note/Special Description</b>				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading Note: Use additional S5 Loops to convey intermediate stop-off ship from/to information.			
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
<b>OID02</b>		<b>OID05</b>	<b>OID07</b>	Y N		<b>OID01, 03</b>	
<u>Loop 0350</u>				Y N			
				Y N			
				Y N			
<b>GRAND TOTAL</b>							
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
	<b>AT804</b>			<b>AT803</b>		<b>AT209</b>	<b>AT210</b>
	<u>Loop 0300</u>						
				<b>L502</b>			
				<b>Note: If conveying Hazardous Materials use loop 0325</b>			
<b>RECEIVING STAMP SPACE</b>							
<b>L311</b>		<b>L301</b>		<b>GRAND TOTAL</b>			
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: 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.				COD Amount: \$ _____ The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
<b>SHIPPER SIGNATURE / DATE</b> 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 regulations of the Department of Transportation.				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
				<b>SIGNATURE</b> _____ Shipper			





16.2 EDI 211

LTL 211 (4030) Bill of Lading		BILL OF LADING				Page 1				
<b>SHIP FROM</b>					Bill of Lading Number: <b>BOL 03</b> (Note: The BOL 03 must be a unique number that identifies the entire shipment.) BAR CODE SPACE					
Name: <b>N1 01(SH), 02</b>		LOCATION#: <b>N1 04</b>								
Address: <b>N3 01</b>										
City/State/Zip: <b>N4 01, 02, 03</b>		<u>Loop 0100</u>								
SID#: <b>Use BOL 03</b>		FOB: <input type="checkbox"/>			CARRIER NAME: Trailer number: Seal number(s): SCAC: <b>BOL 01</b> Pro number: <b>BOL 06</b>  BAR CODE SPACE					
<b>SHIP TO</b>										
Name: <b>N1 01(CN), 02</b>		LOCATION#: <b>N1 04</b>								
Address: <b>N3 01</b>										
City/State/Zip: <b>N4 01, 02, 03</b>		<u>Loop 0100</u>			Freight Charge Terms: <b>BOL 02</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)					
CID#: <b>Use OID 02</b>		FOB: <input type="checkbox"/>								
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>										
Name: <b>N1 01(BT), 02</b>		Address: <b>N3 01</b>								
City/State/Zip: <b>N4 01, 02, 03</b>		<u>Loop 0100</u>			SPECIAL INSTRUCTIONS:  <b>G61-Contact Name and Number</b> <u>Loop 100</u> <b>G62-Delivery Appointments</b> <u>Table 1 Header</u> <b>AT5-Special Handling</b> <u>Table 1 Header</u>  <b>Loop</b>  <b>K1 -Note/Special Description</b> <u>Table 1 Header</u>					
<b>CUSTOMER ORDER INFORMATION</b>										
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)				ADDITIONAL SHIPPER INFO		
<b>OID 02</b>		<b>OID 05</b>	<b>OID 07</b>	Y N				<b>OID 01, 03</b>		
<u>Loop 0210</u>				Y N						
				Y N						
				Y N						
<b>GRAND TOTAL</b>										
<b>CARRIER INFORMATION</b>										
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.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
	<b>AT201</b>	<b>AT202</b>	<b>AT206</b>	<b>AT207</b>	<b>AT205</b>	<b>AT4 01</b>	<b>AT2 09</b>	<b>AT2 10</b>		
	<u>Loop 0210</u>					<b>Note: If conveying Hazardous Materials use loop 0231</b>				
<b>RECEIVING</b>										
<b>STAMP SPACE</b>										
<b>GRAND TOTAL</b>										
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: 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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.						COD Amount: \$ _____				
SHIPPER SIGNATURE / DATE <small>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 regulations of the Department of Transportation.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper				
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			CARRIER SIGNATURE / PICKUP DATE <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>				

If these boxes checked use AT502 (C1, C2, L1)





16.4 EDI 210

TL 210 (4020) FREIGHT BILL		BILL OF LADING		Page 1					
<b>SHIP FROM</b>			Bill of Lading Number: <b>N901=MB, N902 or B303</b> <i>B303 = A unique Shipment Identification Number must be assigned that identifies the entire shipment.</i>						
Name:	<b>N102</b>	<b>N101 = 'SH'</b>							
Address:	<b>N301</b>	<i>(all Loop 0100)</i>							
City/State/Zip:	<b>N401, N402, N403</b>	<b>N101 = 'CN or ST'</b>							
SID#:	<b>N901, N902 or B303</b>	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Trailer number: <b>N702, N711 (Loop 0200)</b> Seal number(s): <b>M701, M702, M703, M704</b> <b>SCAC B311</b> Pro number:  BAR CODE SPACE						
<b>SHIP TO</b>									
Name:	<b>N102</b>	LOCATION#: <b>N104</b>							
Address:	<b>N301</b>	<i>N103 Defined by trading partners.</i>							
City/State/Zip:	<b>N401 / N402 / N403</b>	<i>(all Loop 0310)</i>	<b>Freight Charge Terms: B304</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: (with attached underlying Bills of Lading) <i>To transmit intermediate stop off detail use detail loop 0300 segments S5, N9, N1-N4 (loop 0310).</i>						
CID#:	<b>N901, N902</b>	FOB: <input type="checkbox"/>							
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>									
Name:	<b>N102</b>	<b>N101 = 'BT'</b>							
Address:	<b>N30</b>	<i>(all Loop 0100)</i>	<b>SPECIAL INSTRUCTIONS:</b>  <b>G62 Date/Time</b> <b>K1 Remarks</b>						
City/State/Zip:	<b>N401 / N402 / N403</b>								
<b>CUSTOMER ORDER INFORMATION</b>									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
			Y	N					
			Y	N					
			Y	N					
			Y	N					
			Y	N					
GRAND TOTAL									
<b>CARRIER INFORMATION</b>									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			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.		NMFC #	CLASS
		<b>L008</b>	<b>L009</b>	<b>L004</b>		<b>L502</b>			
<b>Loop 0300</b>		<b>Loop 0400</b>							
		<b>S505</b>	<b>S503</b>						
						<b>RECEIVING STAMP SPACE</b>			
						<b>GRAND TOTAL</b>			
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 _____ BFC _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c) (1) (A) and (B).</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		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP 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 regulations of the Department of Transportation.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>B312</b> 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.			



# 17 APPENDIX G: HAZARDOUS MATERIAL GS1 US BOL EXAMPLES

## 17.1 HAZARDOUS MATERIAL: EMERGENCY CONTACT INFORMATION OPTIONS

*Option One: Use Special Instructions*

*Option Two: Bottom of Form*

Date: 02/01/2002		<b>BILL OF LADING</b>			Page __ of __	
<b>SHIP FROM</b>				Bill of Lading Number: <u>06141411234567890</u>		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10s000</u> SID#: _____ FOB: <input type="checkbox"/>						
<b>SHIP TO</b>				CARRIER NAME: <u>LTL Transportation</u>		
Name _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: <input type="checkbox"/>				Trailer number: _____ Seal number(s): _____		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				SCAC: _____ Pro number: _____		
Name: _____ Address: _____ City/State/Zip: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS:  Hazardous Material Emergency – Call ABC Company 1-800-111-2222 (DAY OR NIGHT)						
<b>CUSTOMER ORDER INFORMATION</b>						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
				(Y) N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
GRAND TOTAL						
<b>CARRIER INFORMATION</b>						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			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(a) of NMFC Item 380
						NMFC # CLASS
						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 _____ OR _____				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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						
SHIPPER SIGNATURE / DATE <small>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 regulations of the Department of Transportation.</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
				CARRIER SIGNATURE / PICKUP DATE <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. Property described above is received in good order, except as noted.</small>		
<b>FOR CHEMICAL EMERGENCY – SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL ABC COMPANY 1-800-111-2222 (DAY OR NIGHT)</b>						



## 17.2 HAZARDOUS MATERIAL CARRIER INFORMATION SECTION OPTIONS

### 17.2.1 OPTION 1: HAZARDOUS MATERIAL INFORMATION PLACED ON FRONT PAGE OF GS1 US BOL

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	PLTS	30	BOX	200 lbs	X	UN1184, Ethylene Dichloride, 3 (6.1), PG II	85860	70
2	PLTS	90	BOX	600 lbs	X	UN2353, Butyryl Chloride, 3 (8), PG II	85880	70
3		120		800 lbs		GRAND TOTAL		

### 17.2.2 OPTION 2: HAZARDOUS MATERIAL INFORMATION PUT ON SUPPLEMENT PAGE(S) CARRIER INFORMATION

- The Supplement Page Carrier Information section is completed as shown in Option 1A above.
- The Supplement Page can be modified to be only the Carrier Information Section

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
					X	Hazardous Material - See Attached Supplement Page(s)		
3		120		800 lbs		GRAND TOTAL		



**17.2.3 OPTION 3: HAZARDOUS MATERIAL INFORMATION IS COMMUNICATED ON AN ATTACHED HAZARDOUS ITEM LIST**

The exact format of the Hazardous Item List is specifically the responsibility of the Shipper based the understanding of U.S. Department of Transportation Hazardous Material shipping papers requirements.

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
3	PLT	120	CTN	800lbs	X	<b>See Attached Hazardous Item List</b>		
<b>3</b>		<b>120</b>		<b>800 lbs</b>		<b>GRAND TOTAL</b>		



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OF BUSINESS

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