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|  | | | **BILL OF LADING** | | | | | | | | | | | | | | | | | | Page 1 of \_\_\_1\_\_\_ | | | |
| **SHIP FROM** | | | | | | | | | | | | | | |  | | | | | | | | | |
| WE ACT Code/ Location name | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Providence Mission Donations (MSRO)** | | | | | | | | | |
| ST PETER | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | FOB: **🞏** | | | **Shipper Reference:** | | | | | | | | | |
| **SHIP TO** | | | | | | | | | | | | | | | CARRIER NAME: Medline | | | | | | | | | |
| Name: Medical Teams International | | | | | | | |  | | | | | | | Trailer number: | | | | | | | | | |
| Address: 14150 SW Milton Ct | | | | | | | | | | | | | | | Seal number(s): | | | | | | | | | |
| City/State/Zip: Tigard, OR 97224 | | | | | | | | | | | | | | | **SCAC:** | | | | | | | | | |
| CID#: | | | | | | | | | | | | FOB: **🞏** | | | **Pro number:** | | | | | | | | | |
| **FREIGHT CHARGES BILL TO:** | | | | | | | | | | | | | | |  | | | | | | | | | |
| Name: | | | | | | | | | | | | | | |  | | | | | | | | | |
| Address**:** | | | | | | | | | | | | | | |  | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | | | **Freight Charge Terms:** | | | | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | | | | | | | | | **Prepaid \_** | | | | **Collect \_\_\_\_\_** | | | | **3rd Party \_\_\_\_\_** | |
|  | | | | | | | | | | | | | | | 🞏  (check box) | | | Master Bill of Lading: with attached underlying Bills of Lading | | | | | | |
| **CUSTOMER ORDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **CUSTOMER ORDER NUMBER** | | | | | | **# Boxes** | | | **WEIGHT** | | | | **PALLET/SLIP**  (CIRCLE ONE) | | | **ADDITIONAL SHIPPER INFO** | | | | | | | | |
| MSRO Pallet | | | | | |  | | |  | | | | **Y** | **N** | |  | | | | | | | | |
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| GRAND TOTAL | | | | | |  | | |  | | | |  | | | | | | |  | | | | |
| **CARRIER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **HANDLING UNIT** | | **PACKAGE** | | |  | | | |  | COMMODITY DESCRIPTION | | | | | | | | | | | | LTL ONLY | | |
| **QTY** | **TYPE** | **QTY** | | **TYPE** | WEIGHT | | | | **H.M.**  **(X)** | 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** |
|  |  |  | |  |  | | | |  | **Medical Supplies FAK 70** | | | | | | | | | | | | **N/A** | | **70** |
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|  |  |  | |  |  | | | |  | GRAND TOTAL | | | | | | | | | | | |  | |  |
| Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to “Bill To” within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. | | | | | | | | | | | | | | | **COD Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Fee Terms: Collect: Prepaid:**  **Customer check acceptable:** | | | | | | | | | |
| **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).** | | | | | | | | | | | | | | | | | | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shipper Signature Date** | | | | | | | | | |
| **SHIPPER SIGNATURE / DATE** | | | | | | | Trailer Loaded: | | | | Freight Counted: | | | | | | **CARRIER SIGNATURE / PICKUP DATE** | | | | | | | |
| This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | | | | | | | 🞐 By Shipper  🞐 By Driver | | | | 🞐 By Shipper  🞐 By Driver/pallets said to contain | | | | | | 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. | | | | | | | |
|  | | | | | | |  | | | | 🞐 By Driver/Pieces | | | | | |  | | | | | | | |