TYLER HOMMES 00474 08/31 - 09/03/15

TRIP # 35

Stop	Del Date	Reference	Account	Stop Name	City	State	#	Cabs	%
1	08/31/15	3803817	MXD	P KERR	GREEN RIVER	WY		$ -	$ 65.70
2	09/01/15	306985	NVC	CANDACE MORRIS	GREEN RIVER	WY		$ -	$ 61.25
3	09/01/15	LT 0580	STI	SOLVAY MINERALS	GREEN RIVER	WY		$ -	$ 198.44
4	09/01/15	2102200	MXD	J KURTZ	ROCK SPRINGS	WY		$ -	$ -
5	09/01/15	306984	NVC	ALBERT BATTISTI	ROCK SPRINGS	WY		$ -	$ 48.99
6	09/01/15	XG 6879	STI	JAVIER SIGUEROA	ROCK SPRINGS	WY		$ -	$ -
7	09/01/15	349589	MB	LUCK	LANDER	WY	13	$ 58.50	$ -
8	09/02/15	20185764	XEROX	WYDOT	LANDER	WY		$ -	$ 258.70
9	09/02/15	BLS 151102	LINEHAUL	ROBERT POWER	LANDER	WY		$ -	$ 939.36
			ACCESSORIAL					$ -	$ 346.90
			PACKING					$ -	$ 943.28
								$ 58.50	**$ 2,862.63**

Payroll				
09/25/15	**$ 1,752.68**	**Labor**	**$**	**1,168.45**
		Fuel	**$**	**300.00**
		Advances	**$**	**(300.00)**
	09/18/15	**WIRE**	**$**	**1,168.45**

DRIVERS PAY AND RECONCILIATION

BY: PAULETTE

DRIVER NAME	TYLER HOMMES
CONTRACT NUMBER	BLS151102
DATE	09/03/15
SHIPPERS NAME	POWER

ENTER LINEHAUL PAID		$ 2,348.40	
BIPD NAVL ENTER		$ -	
TOTAL LINEHAUL		$ 2,348.40	
		$ 2,348.40	TOTAL LINEHAUL
	40%	$ *939.36*	***LINEHAUL PD***
ENTER PACKING LBR		$ 1,120.61	
	90%	$ 1,008.55	
ENTER UNPACKING		$ 43.93	
	90%	$ 39.54	
		$ 1,048.09	TOTAL PACKING
		$ *943.28*	***PACKING PD***

ACCESSORIALS		
ATC-ORGIN	$	192.72
ATC-DESTINATION	$	192.72
SHUTTLE	$	-
	$	-
TOTAL ACCESSORIAL	$	385.44
ASCIL BIPD NAVL ENTER		

		$ 385.44	TOTAL ACCESS
	90%	$ *346.90*	***ACCESS PD***

TOTAL CONTRACT PD		$ 2,229.53	
MILES	125	WEIGHT	7980

HOUSEHOLD GOODS BILL OF LADING

REDMAN VAN & STORAGE CO.
2571 WEST 2590 SOUTH, SALT LAKE CITY, UTAH 84119
(801) 972-4420 • FAX SLC (801) 972-6598

ICCMC-139551C

Please use this number in all correspondence

REFERENCE # DLS – 151107

ORIGIN INFORMATION

Customer Robert Power
Street 790 S Vine St
City Lander
ST WY Co ____ Zip 82520
Day Phone/Fax (307) 332-5178
Eve Phone ____ Wendy
Pager/Cell Phone ____
E-Mail Address ____
AGREED LOAD pkg 9/2-3 TO-Ly 9/4/15
ACTUAL LOAD DATE ____

DESTINATION INFORMATION

Customer Robert Power
Street 1817 E. Edinburgh St
City Rawlins
ST WY Co ____ Zip 82301
Day Phone/Fax (307) 330-8944
Eve Phone 307-330-5178
Pager/Cell Phone ____
E-Mail Address ____
AGREED DELIVERY ON 9/5/15 TO ____
ACTUAL DELIVERY DATE ____

AGENT INFORMATION

Selling Agent Redman Visit
Code 0481 Phone (801) 972-4420
Origin Agent ____
Code ____ Phone ____
Destination Agent ____
City ____ ST ____
Code ____ Phone ____

Alternate Contact: ☐ Orig ☒ Dest
Name Mike Anderson
Day Phone (801) 972-4420
Eve Phone X303
Pager/Cell Phone ____
E-Mail Address ____

SIGNATURE REQUESTING SPECIAL SERVICES

X ____ 5000 lbs Expedited ordered by customer.
X ____ Delivery on or before ____
X ____ Exclusive Use of a ____ cu ft vehicle ordered (Min 1400 cf 9800 lbs)
☐ Space Reservation ____
X ____ cu ft ordered (Min 300 cu ft 2100 lbs)

Estimated Charges plus 10% (Non-Binding Estimates Only)
$ ____ (See back)
$ ____
☐ GP ☐ GNTE

Customer acknowledges, consents to and is bound by the terms and conditions listed on the back of the Bill Of Lading.
Customer X ____ (to be signed at Origin)
Notice: Carrier's tariffs are incorporated by reference. See Reverse Side.
☐ Customer signature not available.

Charges payable in cash or certified check made payable in US currently to **REDMAN VAN & STORAGE CO.**

TARIFF	GBL / PO #
Cl 67	

☐ GP ☐ Cr Card Auth # ____ Amt ____
☒ NTE ☒ NSO NOAM # Sinclair Oil

☐ **COD** Charges payable before delivery

INVOICE TO: Cust # ____ Name Marilyn Boyd
Address 50 E. South Temple
City SLC ST UT Zip 84102 Attn M. Byrd

VALUATION STATEMENT

CUSTOMER'S DECLARATION of VALUE — **THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE**

You must select, in your own handwriting one of the following two options for your shipment. The option you select establishes your mover's maximum liability for your goods, subject to the miles contained in your mover's tariff.

OPTION 1: Maximum Value Protection Plan. If any article is lost, destroyed or damaged while in your mover's custody, your mover will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality or pay you for the cost of such a replacement. An additional charge applies for this option.

To select Option 1, you must write on the line below, either a lump sum dollar amount for the value of your shipment that may not be less than $5000, or an amount per pound that may not be less than $5.00 per pound, whichever is greater.
The value of my shipment is: 6.00/# MVP (77,500)
You must also select one of the following deductible amounts that will apply for your shipment:
No Deductible (X) Initial $250 Deductible (____) Initial $500 Deductible (____) Initial

OPTION 2: Released Value of 60 Cents Per Pound Per Article. If any article is lost, destroyed or damaged while in your mover's custody, your mover's liability is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.

To select Option 2, you must write on the line below, the words "60 cents per pound."
The value of my shipment is: ____

Your signature is required here: I acknowledge that I have 1) declared a value for my shipment and selected a deductible amount if appropriate, and 2) received and read a copy of the mover's brochure explaining those provisions and the applicable charges.
Customer's Signature ____ Date ____

EXTRAORDINARY (UNUSUAL) VALUE ARTICLE DECLARATION I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of $100 Per Pound Per Article" that are included in my shipment and that I have given a copy of this inventory to the mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of $100 per pound will be limited to $100 per pound for each pound of such lost or damaged article (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage is made on the attached inventory. Customer's Signature ____ Date ____

STORAGE IN TRANSIT (SIT)

(CUSTOMER) X ____ Date ____
S.I.T. AT ☐ ORIG ☐ DEST WAS THERE PARTIAL DELIVERY AT S.I.T.? ☐ YES ☐ NO
SIT CONTROL # ____ Warehouseman Accepting Shipment Into SIT ____
S.I.T. AGENT ____ CODE ____ STORAGE WEIGHT ____ LBS
CITY ____ COUNTY ____ ST ____ ZIP ____
ACTUAL STORAGE DATES: IN ____/____/____ OUT ____/____/____ PICKUP-DELIVERY MILES ____

DRIVER NAME/VEHICLE #	DRIVER CODE	WEIGHT	SET-OFF AGENT CODE	VAN TO VAN	CITY	ST

COMMENTS: pkg Wendy 9/2-4
del by 9/5/15

COST DETAIL	$
COST DETAIL	$
COST DETAIL	$
COST DETAIL	$
COST DETAIL	$
COST DETAIL	$
GRAND TOTAL	$
PREPAID:	$
PAID @ DEST:	$
BALANCE DUE	$

Subject to Audit by Carrier

CARRIER AGREES TO TRANSPORT THE GOODS AND EFFECTS TENDERED BY THE CUSTOMER SUBJECT TO THE PRECEDING TERMS AND CONDITIONS.
Rated by phone ☐ Rated by FAX ☐
APU # ____
B/L Rated by ____ Code ____

ACKNOWLEDGEMENT: The above services were rendered and the property described has been received in apparent good condition except as noted on the shipping documents.

X Robert Power X ____
Carrier/Authorized Agent Driver

Person Accepting Delivery X Robert Power
(To be signed at Destination)

DRIVER COPY