DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 312478
CUSTOMER: LNS Pack & Hold
PROJECT: BVT1TK6M8
ORIGIN: Redman Van & Storage
Contact: LYNN CHANDLER
Phone: 801-972-4420 EXT 338
Address: 2589 south 2570 west

City, State, Zip: west valley city, UT 84119
CARRIER:
Phone:
Address:

City, State, Zip:
SPECIAL INSTRUCTIONS:

STOP#: _____ of _____
SHIPMENT: 1257903
WBS: N.038812.C.04

DESTINATION: CENTURY LINK-MURRAY 1
Address: 4647 SOUTH STATE STREET

City, State, Zip: MURRAY, UT 84107
Primary Contact: JOHN LARSON-CL
Primary Phone: 801-261-0006
Secondary Contact: KENNETH MORRIS
Secondary Phone: 385-313-4802

S. Labouly
Safele

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

Loader Name: _____
Driver/Helper Name: _____
Truck/Number: _____
Miles Traveled: _____
On site time: _____

Date Requested: 12/30/2015
Time Requested: Between 8:00 AM - 12:00 PM

Start Date / Time: _____
Actual Arrival Time: _____
Depart. Date/Time: _____
Finish Date/Time: _____

YES NO Did your shipment arrive on time?
YES NO N/A If there were any changes to the delivery schedule, were you notified?
YES NO Did you receive all carton numbers listed on the Bill of Lading?
YES NO Did we have the appropriate tool(s) for delivery?
YES NO Did we meet your expectations?

no signature
SF

Receiver Name: _____
Receiver Signature: _____

**ATTENTION RECEIVER - You must inventory total carton count and initial receipt or each carton number.
Any discrepancies must be noted at this time in the comments section.
Please notate any damage in the Comments section below.

COMMENTS: _____
_____