DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 2953288
CUSTOMER: LNS Pack & Hold
PROJECT: E.715323.C.05
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:

STOP#: _____ of _____
SHIPMENT: 1053028
WBS: E.715323.C.05

DESTINATION: CENTURY LINK-SALT LAKE MAIN
Address: 70 SOUTH STATE STREET

City, State, Zip: SALT LAKE CITY, UT 84111
Primary Contact: JASON KENDRICK-BLUESTREAM
Primary Phone: 801-597-9322
Secondary Contact:
Secondary Phone:

SPECIAL INSTRUCTIONS: (BV464L7FF)

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

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

Date Requested: 1/29/2015
Time Requested: Between 8:00 AM - 10:00 AM

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

Labourly
Flo
no times

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?

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: _____

1-29 (1)