

DELIVERY DOCUMENT

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SHIP METHOD: Ground 297073
BOL NUMBER: _____
CUSTOMER: LNS Pack & Hold
PROJECT: BVVJ3WETD
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:

STOP#: _____ of _____

SHIPMENT: 1068639
WBS: E.719325.C.02

DESTINATION: CENTURY LINK-MURRAY 2, BACA

Address: 5448 RILEY LANE (200 W.)
 DOOR B

City, State, Zip: MURRAY, UT 84107

Primary Contact: JULIE BACA-CENTURY LINK

Primary Phone: 801-237-5351

Secondary Contact: TONY VanALLEN

Secondary Phone: 801-265-5028

City, State, Zip:

SPECIAL INSTRUCTIONS: DAVE ROBINSON 801-851-0824 CALLED OUT

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

Date Requested: 2/26/2015

Time Requested: Between 9:00 AM - 2:00 PM

Loader Name: _____

Driver/Helper Name: _____

Truck/Number: _____

Miles Traveled: _____

On site time: _____

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?

Receiver Name: Julie Bacer

Receiver Signature: Julie Bacer

****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:

Labolu
File

no time
written
SF