REDMAN VAN & STORAGE CO.

(2)

312324

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581
E-16 Freeport Center, Clearfield, Utah (801) 776-2645

312324

TIME STARTED	TIME
12:15	12:35

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
12-28-15	10-2		CHRG		KYLEE	12-22-15		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									428

SHIP FROM
REDMAN VAN & STG MAIN OFFICE
2571 W. 2590 SOUTH
SALT LAKE CITY, 84119

ATTN: PHONE 972-4420

SHIP TO
JESSIE COUNCILMAN
1469 S EL REY ST (2030 E)
SLC, UT 84108

ATTN: PHONE 505-610-0722

STORAGE LOT #	ALL OUT	TYPE	EQUIPMENT NO.	NUMBER OF PERSONNEL
			EITHER	2

BILL TO
LODESO 727019

EST.	PACK	NO. DEL NEW	USED	NAME	TIME IN	TIME OUT
	DRUM					
	1.5					
	3.0					
	4.5					
	6.0					
	MIRROR					
	W. ROBE					
	TAPE					
	SNGL.					
	DBL.					
	KING QUEEN					

TOTAL PACKING

SPECIAL INSTRUCTIONS:

LODESO DEL OF CRIB/HUTCH
THRESHOLD DEL-INSIDE 1ST DRY DOOR
NO UNPACK, OR ASSEMBLY
RECAP ONCE DELIVERED TO KYLEE X 311
GET PPWK SIGNED
Service failure
Didn't recap

★ ★ IMPORTANT LIABILITY INFORMATION ★ ★

THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE OR ITS CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER ARTICLE. A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FOR ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLARE HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.

SHIPMENT IS RELEASED AT 60¢ PER POUND X _____ CUSTOMER SIG.

DECLARED VALUE IS GREATER THAN 60¢ PER POUND.

CUSTOMER REQUESTS:

NOTE: ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.

DEPRECIATED VALUE PROTECTION FOR $ _____

REPLACEMENT COST PROTECTION FOR $ _____

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

CUSTOMER SIGNATURE X _____

PRINT NAME Mark Carmichael

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

TIME ARRIVED	CUST. INITIAL
2:20 A.M. P.M.	mc
TIME DEPART	**CUST. INITIAL**
12:35 A.M. P.M.	mc

NON PRODUCTIVE TIME (DRIVER MUST EXPLAIN)

COMPUTATION OF CHARGES	NO. OF MEN	REG. HRS.	O.T. HOURS	REG. RATE PER HOUR	O.T. RATE PER HOUR	Totals
MAN & VAN						
EXTRA MEN						

PACKING COSTS	
ADDITIONAL PROTECTION CHARGES	
STORAGE CHARGES (PER _____)	
OTHER (PLEASE EXPLAIN)	
TOTAL COST	95

TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CREDIT ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CREDIT TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 1½% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.

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. Laboulu
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: _____