DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 316726
CUSTOMER: LNS Pack & Hold
PROJECT: BVOUAE9OA
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: 1314586
WBS: N.061916.C.15

DESTINATION: CENTURY LINK-OGDEN 4
Address: 2601 S. INDUSTRIAL ROAD (2250 W.)
City, State, Zip: OGDEN, UT 84401
Primary Contact: MARK REID-CL
Primary Phone: 801-391-5351
Secondary Contact: BEN GROW-CL
Secondary Phone: 801-865-6051

SPECIAL INSTRUCTIONS:

Att Vite Chavez

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

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

Date Requested: 4/11/2016
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?

SF

no signature

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: _____

(2)