DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 2953760
CUSTOMER: LNS Pack & Hold
PROJECT: BVVA4OYJF
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: 1053621
WBS: E.692798.C.04

DESTINATION: CENTURY LINK-PROVO 1 (ARNOLD)
Address: 75 EAST 100 NORTH
RING BELL @ NORTH SIDE

City, State, Zip: PROVO, UT 84606
Primary Contact: SCOTT ARNOLD-CL
Primary Phone: 801-921-3450
Secondary Contact: OFFICE
Secondary Phone: 801-374-4010

SPECIAL INSTRUCTIONS:

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

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

Date Requested: 1/30/2015
Time Requested: Between 9:00 AM 12:00 PM

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

Ethan Swanagan
no time
SF

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: Trent Allred
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: _____

1/30 (2)