DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 294969
CUSTOMER: LNS Pack & Hold
PROJECT: BVSMZDBW9
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: 1050604
WBS: E.714220.C.02

DESTINATION: CENTURY LINK-RIVERTON
Address: 2690 WEST 12600 SOUTH

City, State, Zip: RIVERTON, UT 84065
Primary Contact: RANDY FIFE-CL
Primary Phone: 801-884-9716
Secondary Contact:
Secondary Phone:

SPECIAL INSTRUCTIONS: GO UP ONE FLOOR

Roth
Kua

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

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

Date Requested: 1/26/2015
Time Requested: Between 7:00 AM - 9:00 AM

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

no time record

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: Randy E. A
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: _____

SF

1-26