


Bill of Lading (BOL) Comparison



Before

After



BAY STATE MILLING COMPANY
CORPORATE OFFICE, 100 CONGRESS STREET, 2nd Floor
QUINCY, MASSACHUSETTS 02169 - 0948

ORIGIN: BSMC MILL LOCATION
BROKER/CARRIER:

INVOICE TO: CUSTOMER NAME, CUSTOMER ADDRESS, CITY, STATE ZIP

FDA Tracing Contact:
FDA Food Facility Reg. No.: xxxxxxxx1234

BILL OF LADING

CARRIER INSTRUCTIONS

TIME OF DELIVERY

SHIP TO: CUSTOMER NAME, CUSTOMER ADDRESS, CITY, STATE ZIP

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F.O.B. POINT: 12345
CUSTOMER NUMBER: 1234567890
ORDER NUMBER: 12345

DATE OF ORDER	FREIGHT CHARGES	F.O.B. POINT	CUSTOMER NUMBER	CUSTOMER PRO NUMBER	ORDER NUMBER
DATE	PREPAID	DESTINATION	12345	1234567890	12345
DATE SHIPPED	TRUCK/CAR #	LOADER		SCALE TICKET	DATE REQUIRED
DATE	4	NAME		TBD	DATE

QUANTITY SHIPPED	GRADE	PRODUCT NUMBER	SIZE	DESCRIPTION	CUSTOMER XREF	CONTRACT NUMBER	TOTAL WEIGHT (lbs)
123	xxx	XXXXXX	SIZE	PRODUCT NAM	XXXXX	XXXXX	WEIGHT
Lot: T102418 REF# XXXXXX IN TIME: BULK TRUCK SCALE OUT TIME: GROSS : TARE : NET : SEALS: XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX -TRANSPORTER:							

 * This food ingredient is derived from a raw agricultural product and has not been processed to control pathogens. As a result, this food ingredient requires further processing to control pathogens. *

PALLETS IN	PALLETS OUT	TOTAL	TOTAL

END OF ORDER
SPECIAL INSTRUCTIONS

(Signature of consignee)


PRODUCT WEIGHT PALLETS & PACKAGING **WBIGHT**

TOTAL SHIPPING WBIGHT **WBIGHT**

INVOICE INSTRUCTIONS
 DRIVER TIME OUT
 TRUCK/TRAILER#
 LOADOUT BIN#
 UNLOAD BIN#

REV 0815

ORIGINAL COPY Printed DATE/TIME



Bay State Milling
A Trusted Family of Ingredients.

BSMC SITE NAME
BSMC ADDRESS
CITY, STATE ZIP USA

Ship to: (XXXXXX)

CUSTOMER NAME
ADDRESS
CITY, STATE ZIP USA
Bill to: (XXXXXX)

Bill of lading

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Printed Oct 15, 2018 15:29
Delivery order DBL-XXXXXX
Packing slip PS-XXXXXX
Customer ref XXXXXXXX
Requested ship date Oct 15, 2018
Requested arrival date Oct 16, 2018
Order date Oct 4, 2018
Mode of delivery Sack Truck
Car/Truck number
Scale ticket number

Delivery terms: FOB PL PP, Freight Prepaid - add for freight
Warehouse: BSMC SITE NAME
Freight Class

Transporter: NAME-

Carrier: CARRIER NAME, CITY, STATE ZIP USA

Center instructions:
IF LOAD IS NOT PICKED UP, CALL XXXXXXXXXXXX

Sales contract Item number

Grade	Description	Cust. Item Ref.	Ordered Unit
XXXXXX	XXXXX	XXXXX	XXXXXX LBS

Quantity: XXXX Warehouse: BSMC NAME Batch number: TOLXXXXXXX Manufacturing date: XX/XX/XXXX
 Location: XXXXXX
 Quantity: XXXXX Warehouse: BSMC NAME Batch number: FOSXXXXXXX Manufacturing date: XX/XX/XXXX
 Location: XXXXXX
 Sum of count for all order lines: 1

SHIPPED ON _____ XXX TYPE PALLETS
 NO EXCHANGE
 SEALS: XXXXXXX

This food ingredient is derived from a raw agricultural product and has not been processed to control microbial pathogens. As a result, this food ingredient requires further processing to control for microbial pathogens.

Subject to section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SPECIAL INSTRUCTIONS
 LOAD ON XXX TYPE PLTS,
 OTHER SPECIAL INSTRUCTIONS

(Signature of consignee)

Total Weight: XXXXX lb
 Picked By: Pallets In: By:
 Checked By: Pallets Out: Carrier:
 Loaded By: Date:

Notifications of any discrepancies or damage in relation to this shipment are noted above

See timeline for changes for each BSMC facility affected.