


Bill of Lading (BOL) Comparison



Tolleson, AZ Examples
PRIOR TO DECEMBER 3, 2018

Tolleson, AZ Examples
AFTER DECEMBER 3, 2018



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

BILL OF LADING

CARRIER INSTRUCTIONS

ORIGIN: BSMC MILL LOCATION
BROKER/CARRIER: BSMC MILL LOCATION

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

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

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

DATE OF ORDER	FREIGHT CHARGES	F.O.B. POINT	CUSTOMER NUMBER	CUSTOMER PID NUMBER	ORDER NUMBER
DATE	PREPAID	DESTINATION	12345	1234567890	12345
DATE SHIPPED	TRUCK/CAR#	LOADER		SCALE TICKET	DATE RECEIVED
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 Lot: T102418 REF# XXXXXX	XXXXX	XXXXX	WEIGHT

IN TIME							
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 f

PALLETS IN	PALLETS OUT	TOTAL	TOTAL
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END OF ORDER
(SPECIAL INSTRUCTIONS)


THE PRODUCT IN THE QUANTITIES AND AS SPECIFIED ABOVE WERE RECEIVED. SEALS/HAVE BEEN APPLIED AND SEAL NUMBERS VERIFIED.

BY: _____ BAY STATE MILLG _____
DATE: _____ CARRIER/COUNTRY NAME _____

Notification of any discrepancies or damages in relation to this shipment are noted above.

Printed DATE/TIME

ORIGINAL COPY



Bay State Milling
A Trusted Family of Ingredients.

Bill of lading

Page 1 of 1
Printed Oct 15, 2018 15:29
Delivery order DEL-XXXXXX
Packing slip P5-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

ESMC SITE NAME
ESMC ADDRESS
CITY, STATE ZIP USA

Carrier:
CARRIER NAME
CITY, STATE ZIP
USA

Ship to: (XXXXXX)

Carrier instructions:
IF LOAD IS NOT PICKED UP, CALL XXXXXXXXXXXXX

Transporter:
NAME:

CUSTOMER NAME
ADDRESS
CITY, STATE ZIP USA

Sales contract	Item number	Grade	Description	Cust. Item Ref.	Ordered Unit
XXXXXXX	XXXXXX	XXX	PRODUCT NAME PACK SIZE XXX Quantity: XXXXX Warehouse: BSMC NAME Batch number: TOLXXXXXXX Manufacturing date: XX/XX/XXXX Location: XXXXXXX Quantity: XXXXXX Warehouse: BSMC NAME Batch number: FOSXXXXXXX Manufacturing date: XX/XX/XXXX Location: XXXXXX	XXXXXX	XXXXXX LBS
Sum of count for all order lines:					1

SHIPPED ON _____ XXX TYPE PALLETS
NO EXCHANGE
SEALS: _____ XXXXXXXX

1 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.

New Look

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.

(Signature of consignee) _____

Total Weight: _____ XXXXX lb

Picked By: _____ Pallets In: _____

Checked By: _____

Loaded By: _____ Pallets Out: _____

SPECIAL INSTRUCTIONS
LOAD ON XXX TYPE PLTS.
OTHER SPECIAL INSTRUCTIONS _____

The product in the quantities as specified above were received. Seals(h) have been applied and seal numbers verified.

By: _____
Carrier: _____
Date: _____

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