

Invoice Comparison



Before

After


BAY STATE MILLING COMPANY
CORPORATE OFFICE: 100 CONGRESS ST, SUITE 200
QUINCY, MASSACHUSETTS 02169 - 0948

INVOICE TO

CUSTOMER NAME
CUSTOMER ADDRESS
CITY, STATE ZIP

ORIGIN: BSMC MILL LOCATION

FDA TRACING CONTACT:
FDA Food Facility Reg. No.: xxxxxxxx1234



Invoice

MAIL PAYMENT TO

BAY STATE MILLING COMPANY
ATTN: AIR DEPT
100 CONGRESS STREET
QUINCY, MA 02169-0948

SHIP TO

SHIP TO #
CUSTOMER NAME
CUSTOMER ADDRESS
CITY, STATE ZIP

DATE OF ORDER: OCT-17-18
INVOICE CUSTOMER: XXXXX
CUSTOMER P.O. NUMBER: XXXX
PAYMENT TERMS: REMIT RECEIPT OF INVOICE
INVOICE DATE: OCT-22-18
INVOICE NUMBER: XXXXXX

DATE SHIPPED: OCT-20-18
CART/TRUCK NUMBER: XXX
FREIGHT CHARGES: PREPAID
F.O.B. POINT: DESTINATION
ORDER NUMBER: XXXXXX
SCALE TICKET: XXX

QUANTITY SHIPPED	PRODUCT NUMBER	SIZE	DESCRIPTION	CONTRACT NUMBER	PRICING UNITS	PRICE UOM	UNIT PRICE	TOTAL AMOUNT
XX.XXX	XXXXX	BULK	PRODUCT NAME Lot Codes: T101818 ----- BULK TRUCK SCALE IN TIME OUT TIME GROSS : TARE : NET : TOTAL NET : ----- TRANSPORTER: YOU CAN PRINT/VIEW INVOICES, STATEMENTS, LOADING ORDERS 24/7, AT YOUR CONVENIENCE, FOR ACCESS TO THE BSMCO EXTRANET, CONTACT: SCLANCY@BSM.COM, 800-55-FLOUR. DO YOU HAVE AN INVOICE QUESTION? CSALLEY@BSM.COM, 800-55-FLOUR X5051.	XXXXXX	X ton	\$\$\$	\$\$\$	\$XXXXX

When making payment, please include our invoice number on your check. If paying an amount different from the total invoice amount, please include a copy of the invoice with the changes indicated.

IMPORTANT
Claims, if any, arising against carrier for overcharge and/or loss or damage in transit may, if customer desires, be sent to us for our assistance in presenting same for customer's account providing necessary papers constituting proof of claim and original freight bill marked by the railroad agent at destination are mailed to us within 30 days.

Printed: 10/22/18

CUSTOMER COPY

Bay State Milling
A Trusted Family of Ingredients.

REMIT PAYMENT TO:
Bay State Milling Company
100 Congress Street
Quincy, MA, 02169-0948
USA

Bill to: (000000)
CUSTOMER NAME
ADDRESS
CITY, STATE ZIP USA
Ship to: (000000)

CARRIER INFORMATION
Carrier:
CARRIER INFORMATION

Carrier instructions:
IF LOAD IS NOT PICKED UP, CALL XXX-XXX-XXXX

Transporter:
NAME

CUSTOMER NAME
ADDRESS
CITY, STATE ZIP USA

Invoice

Page 1 of 1
Number: X0000000
Invoice date: Oct 17, 2018
Order: DEL-X000000
Customer ref.: X0000000
Packing slip no.: PS-X00000
Date shipped: Oct 17, 2018
Payment: NET30
Due date: Nov 16, 2018
Origin site: BSMC SITE
Delivery terms: FOB PL PP, Freight Prepaid - add for freight

Sales contract	Item number	Description	Customer item ref.	Quantity	Unit	Price unit	Unit price	Total Amount
		ADD FOR FREIGHT		X.XXX	ea	ea	X0000	X0000
		FREIGHT						
S0000000	X0000	PRODUCT NAME		X0000	LB	cwt	X0000	X00000
		Quantity: X0000 Batch number: T0U0000000 Quantity: X0000 Batch number: F0S0000000						
		PALLET CHARGES		XX000	ea	ea	X0000	X0000
		(XX PALLETS OUT LESS X PALLETS IN)						
		SEALS: X000000						

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Currency: USD Total: X0000000

See timeline for changes for each BSMC facility affected.