

**VICS VOLUNTARY GUIDELINES
FOR THE
BILL OF LADING**



VOLUNTARY INTERINDUSTRY
COMMERCE STANDARDS

January, 2001
(Revised - See next page for summary of changes)

Summary of Jan. 2001 Revisions

Changes to Section I. Introduction

- ⇒ New simplified Truckload and Less Than Truckload (LTL) rates and classification legal statement options for the VICS BOL on page 3. Changed print point size recommendation to a minimum of 5 to allow for various printer hardware/software font size limitations.

Changes to Section II. The Standard Bill of Lading Form:

- ⇒ Updated the reference to Section IV. Rules of Use to include references to Appendix A-C.
- ⇒ Removed duplicate statement on the Truckload and LTL rates and classification legal statement that is presented on page 3 of Section I.
- ⇒ Added verbiage at the top of each VICS BOL example pointing to the VICS web site for VICS BOL guideline information.

Changes to Section IV. Rules of Use for the Standard Bill of Lading:

- ⇒ Added note on placement of cube data within the Customer Order Section (Point 1).
- ⇒ Added instructions on pagination (point 4).
- ⇒ Updated Shipping Manifest description in point 5 of this section.
- ⇒ Added reference new Appendix E: Shipping Manifest in point 4 of this section.

Changes to Section V. Use Of The Supplement To The Bill of Lading

- ⇒ Added statement allowing modification of the format in the second paragraph.

Changes to Section IX. Data Field Descriptions

- ⇒ Changed item “6) Bar Code Space” from no designation to Optional.

Changes to Section X. Glossary of Terms

- ⇒ Updated Shipping Manifest definition.

Updated Appendix A and B

- ⇒ Included examples of form modification and the format for LTL commodity descriptions, NMFC# and class on palletized shipments.

Added New Appendix E: Shipping Manifest

Added New Appendix F: VICS BOL Mapping To The Carrier EDI 204, 211, 214 and 210

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I. Introduction

Objective

The objective of standardizing the Bill of Lading is to ensure that the shipper, the carrier, and the customer (the consignee) are all getting the information they need for the processing of the goods through the supply chain. Included with the standard Bill of Lading form is a standard Bill of Lading number. The Bill of Lading number has become a critical data element with the advent of the EDI 856 Ship Notice Manifest. The standard Bill of Lading form and number will ensure that all key data elements are present and documented in a uniform manner. This will support the needs of all parties in the supply chain as well as support accurate EDI 214 Carrier Shipment Status transmissions.

Overview

Today neither the form nor the usage of the Bill of Lading is standardized. The wide differences in the Bills of Lading in use today decreases the accuracy and productivity of recording shipment data on the forms. It also makes extracting the data for billing and freight settlement purposes very difficult, particularly for carriers and consignees who may process thousands of Bills of Lading every day. As the documents pass through hands and through companies, the data items required at each stop in the process must be located and identified wherever they may appear.

Traditional use of the Bill of Lading was to establish a contract for carriage and as a receipt of goods. Over the last several years the Bill of Lading has become a primary source of information within the supply chain. The Bill of Lading has now taken on much greater importance as it is used for the scheduling and recording of shipments as well as input to carrier EDI transactions. Many shippers have modified the form, in no consistent manner, to fit the requirements of the carrier and the consignee for scheduling and unloading of the shipment.

The standard Bill of Lading document and guidelines address these problems so processing time can be reduced while gaining Bill of Lading accuracy. As shippers and carriers become familiar with the standardized Bill of Lading, individuals will easily and accurately document and extract information from this form.

Benefits of the Standard Form

Use of this standard Bill of Lading will result in:

- An established uniform format for accurate shipment documentation across the supply chain.
- Ease of tracking shipment information with the use of the standard Bill of Lading number.
- A means of bar coding the critical data within the Bill of Lading form for ease of capturing the data.
- Reduced driver and office administrator time used to process the information from the Bills of Lading.
- A potential cost reduction through the elimination of redundant forms.

I. Introduction

- A reduction in the number of undocumented Purchase Orders received.
- A reduction in the number of incorrect invoices due to unclear freight terms.
- A reduction in denied freight claims due to lack of indication of who is responsible for loading and counting the freight.

Considerations

Rules of Use

It is crucial that all users of the standard Bill of Lading read and understand the rules of use as described in Section IV of this document. Each rule highlights common misuse of the Bill of Lading today, and how those may be avoided with the standard Bill of Lading.

The format of the Bill of Lading provides preprinted headings and areas for recording data elements which are typically associated with every shipment or which have particular significance. These sections shall be filled in with the required information and the format must not be changed. Any less common data elements shall be recorded in the Special Instructions section.

Legal Statement

The section just above the Shipper Signature is provided for the legal statement that clarifies which rules and regulations apply to the shipment. Due to the differences between truckload and LTL regulations, one of two statements may be printed in this space:

Truckload or Non-NMFC LTL Carriers:	RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper.
NMFC LTL Carriers: (Members of the NMFTA)	RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

The Truckload or Non-NMFC LTL legal statement shall be printed using a minimum point size of 5.

I. Introduction

Supplement Page

This standard Bill of Lading has been developed to accommodate as many shipping situations and needs as possible. The Supplement page has been developed only for those shippers that need additional space in the body of the Bill of Lading to list the customer order numbers and the commodity descriptions being shipped. **The Supplement shall not be used unless necessary for the additional lines and is not required to be used.** It is preferred that only one page includes all the Bill of Lading information.

Important Note: When the Supplement page is used, only the Grand Total cartons and weight are to be listed on the first page of the Bill of Lading. The shipper will state “See attached Supplement Page” in the body of the first page of the Bill of Lading, then list the detail customer order numbers and commodity types on the Supplement page only.

Packing Lists

The Bill of Lading is not designed to be a packing list and should not be used as one. Please check with trading partners whether any packing list needs to be shipped along with the goods or if it needs to be attached to the Bill of Lading.

EDI Transaction Sets

This Bill of Lading does not preclude trading partners from transferring the shipment information via EDI transaction sets to further expedite and standardize the data. Although paper copies of the Bill of Lading may be required as a delivery receipt at the consignee facility, this document fully supports related carrier EDI transaction sets. The use of EDI in place of or in addition to the Bill of Lading is strongly encouraged.

II. The Standard Bill of Lading Form

Following is the standard Bill of Lading form in two versions:

1. Traditional portrait layout
2. Landscape version, meant for use when the Bill of Lading data is represented by a 2-dimensional bar code affixed to the Bill of Lading

The implementation goal date for use of the standard Bill of Lading form and the standard Bill of Lading number (see section III) was January 2001.

Please see Section IV “Rules of Use for the standard Bill of Lading” for a detailed explanation of how the form is to be used. In addition, Appendix A-C shows examples of completed VICS Bills of Lading for truckload, LTL and consolidation shipments.

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: _____		BILL OF LADING			Page _____			
SHIP FROM				Bill of Lading Number: _____ <div style="border: 1px solid gray; padding: 5px; text-align: center; font-weight: bold; color: gray;">BAR CODE SPACE</div>				
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____				
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				<div style="border: 1px solid gray; padding: 5px; text-align: center; font-weight: bold; color: gray;">BAR CODE SPACE</div>				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____				
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
GRAND TOTAL								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
GRAND TOTAL								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
						Signature _____ Shipper		

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: _____ **SUPPLEMENT TO THE BILL OF LADING** Page _____
 Bill of Lading Number: _____

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
PAGE SUBTOTAL					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						PAGE SUBTOTAL		

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline information

Date:		BILL OF LADING				Page			
SHIP FROM				Bill of Lading Number:					
Name: Address: City/State/Zip: SID#:				CARRIER NAME:					
FOB: <input type="checkbox"/>				Trailer number:					
SHIP TO				Seal number(s):					
Name: Location #:				SCAC:					
Address:				Pro number:					
City/State/Zip:									
CID#: FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>					
Name:				Prepaid _____ Collect _____ 3 rd Party _____					
Address:									
City/State/Zip:									
SPECIAL INSTRUCTIONS:				<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading					
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/ SLIP		ADDITIONAL SHIPPER INFO			
				Y	N				
				Y	N				
				Y	N				
				Y	N				
GRAND TOTALS									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
GRAND TOTAL									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					
SHIPPER SIGNATURE / DATE				Shipper Signature					
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE	
				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	

SUPPLEMENTAL BAR CODE AREA
RECEIVING STAMP AREA

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: _____									SUPPLEMENT TO THE BILL OF LADING	Page
									Bill of Lading Number: _____	
CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
				Y	N					
PAGE SUBTOTAL										
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
PAGE SUBTOTAL										

SUPPLEMENTAL BAR CODE AREA

III. The Standard Bill of Lading Number

A Bill of Lading number is an identification number assigned by the shipper and is mandatory for all Bills of Lading. A standard Bill of Lading number has been developed in conjunction with the standard Bill of Lading form. When using the standard Bill of Lading form, a shipper may use either the new standard number or the Bill of Lading numbering structure currently in use by the shipper. The latter may be used if the shipper is not able to accommodate the new standard Bill of Lading number at this time. The established goal date for the implementation of the standard Bill of Lading number was **January 2001**.

The Standard Bill of Lading number has a fixed length of seventeen digits. It is numeric and composed of sixteen digits and a check digit. Using the structured identification number will allow companies to process and manage Bills of Lading more easily.

Companies with a UCC/EAN Company Prefix

The UCC number format is strongly preferred. It provides a globally unique number for each Bill of Lading that supports the whole supply chain. With a unique number, no Bill of Lading can be confused with another. The integrity of each Bill of Lading in a receiving file can be maintained regardless of how many shippers are sending in bills. This format is structured as follows:

- UCC/EAN Company prefix (for UCC assigned company prefixes, include the leading 0)
- Serial number (assigned by the shipper and unique for each Bill)
- Modulo 10 check digit (one digit)

The UCC/EAN Company Prefix is the prefix used in U.P.C. numbers and SSCC-18 numbers. For example, the Bill of Lading number 06141411234567890 is composed of a seven digit company prefix (0 plus the six digit prefix used in the U.P.C.), followed by a nine digit serial number and the check digit. A UCC Company Prefix can be obtained from the Uniform Code Council, Inc., 8163 Old Yankee St., Dayton, OH 45458. Tel: (937) 435-3870.

Companies without a UCC/EAN Company Prefix

Companies without a UCC/EAN Company Prefix shall use the following format for the 17-digit Bill of Lading number.

- 04 (the first two digits must read exactly the number “04”)
- Number assigned by the shipper (fourteen digits)
- Modulo 10 check digit (one digit)

This number is not guaranteed to be unique and could be replicated by another shipper. An example of the non-standard Bill of Lading number: 04123456789123450

The Modulo 10 Check Digit Algorithm

A check digit is used to validate the accuracy of the number. This is particularly important when the number is key entered. The check digit is calculated using the following Modulo 10 algorithm:

Position #	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Digit	0	6	1	4	1	4	1	1	2	3	4	5	6	7	8	9	0

Figure 1: Modulo 10 Example

III. The Standard Bill of Lading Number

1. Set up a table as illustrated in Figure 1. Enter the first sixteen digits in the table (Positions 2 through 17). Position number one is shaded because that is where the check digit will go.
2. Sum all the digits in the even numbered positions. Multiply the result by three. In this example the sum is 117.
3. Sum all the digits in the odd numbered positions. In this example the sum is 23.
4. Add the results of the previous two steps together. The check digit is the number required to round this number up to a multiple of ten. For example, if the sum of the previous two steps is 140, then the check digit is zero.

Bar Codes for Bill of Lading Number, SCAC, and PRO

The VICS BOL format allows space for the bar coding of the Bill of Lading number (see Figure 2 below) and carrier SCAC and PRO number (see Figure 3 below). **The implementation of a bar code for the above mentioned data is optional.** Consideration should be given to the space allowed for the bar code of the SCAC and/or PRO number. This space can also be used for the carrier proprietary PRO number sticker.

SCAC and PRO Format

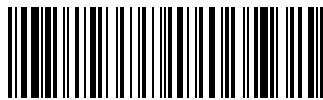
In a bar code, the following format is used for SCAC and PRO:

- Four (4) alpha characters for SCAC (as assigned to a given carrier by the NMFTA)
- If the SCAC is less than four characters in length, then a dash character (-) should be used to extend the field to four characters
- A maximum of twenty digits for PRO number

Due to space limitations, numeric characters are recommended for the PRO number. If alpha characters are used, the number of characters that fit in the available space on the Bill of Lading is diminished considerably.

UCC/EAN-128 Barcode Symbology

The bar code symbology used for the Bill of Lading and the SCAC/PRO shall comply with UCC/EAN-128 standards. All UCC/EAN-128 bar codes contain an Application Identifier (AI) that defines the meaning of the data in the bar code. For the Bill of Lading number, the AI is always the number **402**. Parentheses are used in the human readable text under the bar code to set the AI 402 apart from the actual Bill of Lading number. For the SCAC/PRO, the AI used is always **9012K**.



(402) 06141411234567906

Figure 2: Bill of Lading Bar Code
(actual size)



(9012K) SCAC12345678901234567890

Figure 3: SCAC/PRO Bar Code
(actual size)

The bar codes should be at least 0.5” high, and have a minimum X dimension (narrow bar width) of 0.010”. Refer to the standard *ANSI/UCC4 -1995:UCC/EAN-128 Application Identifier Standard* for additional technical information. This standard is available free at www.uc-council.org, or can be obtained from the Uniform Code Council, Inc.

(See Appendix A for an example of use)

IV. Rules of Use for the Standard Bill of Lading

The guidelines to the Bill of Lading are designed so that the industry may benefit from a form that is consistent and understandable. It is particularly critical that all businesses using the form adhere to its design so that the supply chain may take advantage of these benefits. Listed below is additional detail regarding the use of the standard Bill of Lading.

1. Adjustments to the VICS Bill of Lading can be made based on the following guidelines:

The geographical placement of data and data descriptions must be kept intact according to this standard. This is important to ensure that all parties within the supply chain will know where to locate the specific information they need.

Each section or data description area may be modified to fit the supply chain business requirements as follows:

- Spacing
- Column width
- Row height
- Removal of the data lines in the Customer and Carrier Information sections when the form and data are computer printed.
- When the form is loaded into a software program, all sections shall be clearly identified and the appropriate form lines and headings must be present.

Note: If cube information is being provided, the cube data column should be inserted between the Weight and Pallet/Slip column in the Customer Order Section.

2. The following data must be 12-point **Bold Sans Serif**:

- | | |
|--------------------------|----------------------------|
| a) Bill of Lading number | c) Ship to Location number |
| b) SCAC/Pro number | d) Customer Order Number |

The CID number shall be in 10-point and bolded. All other data input items may be in a 10-point or smaller, no bolding.

3. Printing: The standard Bill of Lading may be duplicated and printed in multiple part forms by any printing company or shipper. If the Supplement page is used, the best practice has been to print the Supplement page(s) first, then print the front Bill of Lading page with the Grand Totals last. The Bill of Lading page must then be placed in front of the Supplement page(s).
4. Pagination: In general, each bill of lading (including any supplement pages) and attachments are considered separate documents.

- a) BOL with 3 supplement pages:

BOL = page 1, Supplement = pages 2, 3 and 4

- b) Master BOL with 2 underlying BOL's; underlying BOL's with 2 supplement pages:

Master BOL = page 1, first underlying BOL = page 1, supplement pages = 2, 3, second underlying BOL = page 1, supplement pages = 2, 3.

- c) BOL with an attachment (e.g., packing list and /or shipping manifest):

BOL = page 1, attachment one = pages 1, 2..., attachment two = pages 1, 2....

IV. Rules of Use for the Standard Bill of Lading

5. The Bill of Lading is not to be used as a packing list; the packing list is to be on a separate document. In addition, the following items are not part of the Bill of Lading and shall not be included on the Bill of Lading. However, these documents are considered as potential attachments to the Bill of Lading.
 - Packing List line item information.
 - Shipping Manifest - The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer specified intermediate location (i.e., distribution center, consolidator) with the individual cartons marked for specific store locations. The manifest contains store level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store and weight/cube totals.
See Appendix E for recommended format, detailed data content explanation and examples.

In addition, the PARS sticker for customs belongs on the invoice, not on the Bill of Lading.

6. The information conveyed through EDI (e.g. EDI 856, 204, 211, 214) **shall** be consistent with the information on the paper Bill of Lading. This in no way implies that all information conveyed through any one EDI document will map one-to-one to the paper Bill of Lading.
7. When using the Supplement Page to list customer order number and commodity information, state “See attached Bill of Lading Supplement” in the body of the first page and begin listing the information on the supplement page. Only the grand total of the cartons and weight for the shipment will be detailed on the first page.
8. No Bill of Lading information shall be placed on the back of the Bill of Lading page. This area is reserved for the terms and conditions of the contract on the preprinted forms.

See Appendices A, B, & C for examples of VICS BOL use.

V. Use of the Supplement to the Bill of Lading

The Supplement to the standard Bill of Lading was created to offer more lines for the shippers to fill in shipment data. The Supplement is not a separate Bill of Lading, but instead a continuation of the first page of the Bill of Lading. For this reason the Supplement has the same Bill of Lading number as the number on page one.

The Supplement was designed to reduce the need for creating a Master Bill of Lading because the shipper needs more lines to document the shipment information. **The Supplement is not required for the Bill of Lading.** It is preferred that only one page contain all the necessary information for that shipment. The Master Bill of Lading is now only needed for the shipping scenarios described in Section VI “Use as a Master Bill of Lading”. **In addition, the supplement page can be modified to reduce or eliminate either the Customer Order Information or Carrier Information section based on which one is needed to satisfy the need for additional space** (Appendix B).

If a shipper needs more lines on the Bill of Lading than are provided in the body of the Bill, use the Supplement page. **When the Supplement to the Bill of Lading is used, the shipper shall state in the body of the Bill of Lading, “See attached Bill of Lading Supplement”.** The shipment details shall be listed on the supplement page with a subtotal. The Grand total of all items listed in the supplement pages is recorded on the first page of the Bill of Lading.

The shipper is not to begin listing the shipment data on the Bill of Lading page and then continue listing the shipment data on the Supplement. If all shipment content data will not fit on the front page of the Bill of Lading, none of the data shall be entered on that page. All shipment data shall be listed on the Supplement page.

(See Appendix B for an example of use)

VI. Use as a Master Bill of Lading

A Master Bill of Lading is required for three shipment scenarios:

1. Consolidation shipments
2. Invoice per Bill of Lading per customer order required
3. Truckload shipments with multiple stops

For these scenarios, the purpose of the Master Bill of Lading is to tie the underlying Bills of Lading together into one shipment.

The standard Bill of Lading is used as a Master Bill of Lading by checking the “Master Bill of Lading” indicator box. The underlying Bill of Lading numbers shall be referenced in the Special Instructions field on the Master Bill of Lading. The Master Bill of Lading number shall be referenced in the Special Instructions field on the underlying Bills of Lading.

The development of the Supplement Page to the Bill of Lading eliminates the use of a Master Bill of Lading for the purpose of needing more lines to fit all the information on one page (see section V). The Master Bill of Lading shall not be used for this purpose.

Often a Master Bill of Lading, with underlying Bills of Lading attached, is used in conjunction with the 856 Ship Notice Manifest and the 214 Carrier Shipment Status EDI transaction sets. In this case, **the Master Bill of Lading number is the number that is transmitted on the EDI transaction sets representing that shipment.** Do not transmit the underlying Bill of Lading numbers as that causes confusion as to which Bill of Lading number is the one to be used.

The use of a Master Bill of Lading is a complex aspect of shipping that may be better shown by example. Below are business scenarios of how a Master Bill of Lading should be used.

Business Scenarios:

1) Consolidation Shipments (Appendix C, example 1)

The most common need for a Master Bill of Lading occurs when a shipper ships through a consolidator, or a flow through center, instead of shipping directly to the consignee warehouse or distribution center. In this scenario, multiple shipments of one or more customer orders are combined into one shipment from the shipper to the consolidation point.

One underlying Bill of Lading shall be made for each distribution center shipment, with a Master Bill of Lading summarizing the total shipment for the consolidator. The consolidator uses the underlying Bills of Lading to distribute the shipment to each distinct final ship point.

The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to the consignee. For example, if there are three final ship points, the shipper will send three 856 transactions all including the same Master Bill of Lading number to represent each shipment. The underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading and the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.

VI. Use as a Master Bill of Lading

2) Invoicing per Customer Order Required (Appendix C, example 2)

A second need for a Master Bill of Lading occurs when the consignee requires the shipper to invoice on a per customer order basis. For example, the supplier receives three separate orders from their customer. All three orders need to ship at the same time and to the same location so the supplier will ship them all on the same trailer. Typically, this is one shipment that would have only one Bill of Lading covering all purchase orders.

However, due to the supplier system requirement of matching each invoice number with a Bill of Lading number, and the customer requirement that the supplier invoice each order separately, the supplier must create a Bill of Lading per order number. This often results in multiple Bills of Lading for one shipment to one destination. To combine the separate Bills of Lading together into one shipment, the supplier creates a Master Bill of Lading at the point of shipment.

The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to the consignee. The underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading and the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.

3) Truckload Shipments with Multiple Stops (Appendix C, example 3)

The third scenario requiring a Master Bill of Lading occurs when a prepaid full truckload shipment is dispatched with multiple unloading destinations. This is considered a multiple stop-off with one final consignee. Each stop on this shipment must have its own unique underlying Bill of Lading with its own Bill of Lading number to keep it clear that each stop is a separate shipment. These individual Bills of Lading shall be combined together by a Master Bill of Lading for ease of tracking and scheduling. The Master Bill of Lading shall not include all the customer order detail; only the Grand Totals shall be listed on the Master. **State “See Attached Underlying Bills of Lading” on the Master Bill of Lading** so the carrier signs for the freight on each underlying Bill of Lading.

Like the other scenarios, the underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading. It is crucial in this scenario, though, that **the numbers be listed in the sequence that they are to be unloaded.** For example, the underlying Bill of Lading number for the product that is loaded in the tail of the trailer will be listed first as stop #1, because that freight will be unloaded first. The Master Bill of Lading shall also clearly state “Multiple Stop Load”. As before, the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.

The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to each consignee. For example, if there are three unloading destinations, the shipper will send three 856 transactions all including the same Master Bill of Lading number to represent each shipment.

VII. Hazardous Materials Regulations

The hazardous materials field (H.M.) shall be marked with an “X” by any commodity that is defined as such in the Department of Transportation regulations governing the transportation of hazardous materials. **It is the shipper’s responsibility to meet all the Department of Transportation regulations for the transport and handling of all hazardous material substances.**

This document does not attempt to explain the regulations governing hazardous material shipments nor does the standard Bill of Lading include specific fields for documenting the details of each hazardous commodity. However, the standard Bill of Lading can accommodate the necessary documentation provided that the shipper is familiar with the requirements and knows to include them on the Bill of Lading prior to shipment.

The information required by the Department of Transportation regarding each hazardous substance shall be listed in the body of the Bill of Lading. When shipping a hazardous material, the detail of that item must be listed first in the body of the Bill before any other commodity. The information which is required to be listed on the Bill of Lading may include, but not be limited to, the proper shipping name of the commodity, the hazard class and division, the UN or NA identification number, the packing group, the exemption number, and the emergency contact telephone number.

VIII. Mandatory vs. Conditional Data Fields

There are three types of information included on the Bill of Lading: Mandatory (M), Conditional (C) and Optional (O). Below is a consolidated list of each.

Mandatory Information:

Ship From name, address and zip code
Ship To name, address and zip code
Bill of Lading Number *
Carrier Name
Carrier SCAC
Terms
Number of Packages
Weight
Pallets/Slips (Y/N)
Handling Unit Quantity & Type
Commodity Description
Trailer Loaded and Counted Indicator
Shipper and Carrier Signatures

Conditional Information:

Bill To name, address and zip code.....	If different from the Ship To address
Pro Number.....	If an LTL shipment
Trailer Number.....	If a truckload shipment
Seal Number.....	If a sealed shipment from one origin to one destination
Master BOL indicator.....	If underlying BOL's are attached
Special Instructions.....	If a Master Bill of Lading is used
Customer Order Number.....	If shipment is in response to a purchase order
Package Quantity and Type.....	If shipment is unitized
Hazardous Material Indicator.....	If commodity is defined as hazardous
NMFC number and class.....	If an LTL shipment
Receiving Stamp.....	If a truckload shipment
Total pages.....	If the BOL is more than one page

Optional Information:

All other information is defined as Optional.

- * A Bill of Lading number is required for all Bills of Lading, regardless of the form that is used by the shipper. The VICS standard 17-digit Bill of Lading number introduced in section III of this guideline is recommended. The implementation goal date for use of the new VICS standard Bill of Lading number was January 2001.

If the Shipper is unable to accommodate the standard Bill of Lading number, the existing numbering system in use by the shipper shall be used for the Bill of Lading number. Each Bill of Lading number shall be unique per shipment.

IX. Data Field Descriptions

Each field is marked whether it is Mandatory (M), Conditional (C) or Optional (O) and is listed below in the order that they appear on the Bill of Lading.

1) “Ship From” Fields: (M)

Name: The company shipping the product.
Address: The shipping street address.
City, State, Zip: The shipping city, state and zip code.
SID #: Shipment ID number, may be used to document if a number is applied by the shipper to this shipment

2) “Ship To” Fields: (M)

Name: The company receiving the product.
Address: The address where the product is physically delivered.
City, State, Zip: The city, state, and zip where the product is physically delivered.
CID #: Consignee ID number, may be used to document if a number is applied by the consignee to this shipment
Location #: The number assigned to consignee’s ship to address, if applicable.

3) “Bill To” Fields: (C)

Only used if different from the “Ship From” company on prepaid shipments or the “Ship To” company on collect shipments.
Name: The company paying the freight invoice.
Address: The address where the freight invoice is to be mailed.
City, State, Zip: The city, state, and zip code where the freight invoice is to be mailed.

4) Special Instructions: (C)

To be used for directions to the carrier such as protected services and delivery instructions. Individual Bill of Lading numbers are listed in this space for shipments requiring the use of a Master Bill of Lading. If not enough space is provided in this area, the “additional shipper info” space may be used.

5) Bill of Lading Number: (M)

The Bill of Lading number is created by the shipper to identify a unique shipment. The Bill of Lading number shall not be identical to the carrier pro number, the customer order number, nor the date. The Bill of Lading number is transmitted on the 856 and 214 EDI transaction sets. See section III of this document for details about the new VICS standard Bill of Lading number.

6) Bar Code Space: (O)

This space is reserved for bar coding of the Bill of Lading number and SCAC/Pro number. See Section III for more information about the bar code.

7) Carrier Fields:

Name: The full name of the carrier picking up the shipment. (M)
SCAC: The four-letter alpha code identifying the carrier and assigned by the NMFTA.(M) (the NMFTA may be contacted at 703-838-1868)
Trailer Number: Used if a truckload carrier hauls the shipment. (C)
Seal Number: Used if the shipment is a full truckload from the origin to destination. (C)
Pro Number: Used if an LTL carrier hauls the shipment. (C)

IX. Data Field Descriptions

8) Terms: (M)

Indicates which party is invoiced and responsible for payment of the freight invoice.

9) Master Bill of Lading Indicator: (C)

If checked, indicates this is a Master Bill of Lading and has underlying Bills of Lading attached. The underlying Bill of Lading numbers shall be referenced in the special instructions.

10) Customer Order Information Section: (C)

Customer Order Number:	The number generated by the customer to identify the order.
# Packages:	The number of individual packages or cartons on the shipment, regardless of whether the product is unitized or not.
Weight:	The weight of all the packages by customer order number.
Pallet/Slip:	Indicates whether the product is unitized (i.e. pallets or slips). See Appendix C for examples of how to document this information using this column.
Additional Shipper Information:	Any other information requested by the customer. This space may also be used to document "special instructions" information if additional space is needed

11) Carrier Information:

Handling Unit:	Quantity:	The number of handling units listed by commodity type. (M)
	Type:	The type of handling unit, i.e. pallets, slips, cartons, bundles, rolls, drums. (M)
Package:	Quantity:	The number of packages or cartons listed by commodity type. (C)
	Type:	The type of package, i.e. cartons, bundles, rolls, drums. (C)
Weight:		The weight of the goods listed by commodity classification. (M)
Hazardous Material:		Indicate "X" if the product shipped is classified as Hazardous Material. If marked, the shipment must follow the Hazardous Material requirements of the Department of Transportation. (C)
Commodity Description:		The general product description as listed in the NMFC. (M)
NMFC Number:		The NMFC number tied to the commodity classification. (C)
Class:		The freight class of the commodity as classified by the NMFC. (C)

12) Receiving Stamp Space: (C)

This space is reserved for a truckload-receiving stamp. The receiving stamp is placed on the Bill of Lading for truckload shipments by the consignee and shall be placed in the right hand column.

13) Declared Value: (O)

Permits the shipper to document the value of the goods being shipped. The shipper typically pays a surcharge to the carrier to guarantee additional insurance coverage up to the full-declared value of the goods hauled. Only used for shipments riding under a contract that would not otherwise provide full insurance protection or do not refer to the NMFC for a release value. Most commonly used for small package or air carriers.

14) COD Section: (O)

15) Used when cash on delivery is required.

IX. Data Field Descriptions

Non-Recourse Shipper's Signature (previously referred to as Section 7): (O)

Signed by the shipper when they need to protect themselves from default on the part of the consignee.

16) Shipper Signature/Date: (M)

Indicates that the shipper agrees that the information listed on the Bill of Lading is correct, that the documentation of the shipment follows the requirements of the DOT and confirms the date of the Bill of Lading signature.

17) Trailer Load/Freight Counted: (M)

Indicates which party loaded the trailer and which party counted the freight. Also indicates whether the driver for claims purposes counted pieces or pallets.

18) Carrier Signature/Pickup Date: (M)

Indicates that the carrier agrees to have received the entire product as listed on the Bill of Lading, that the shipment follows the requirements of the DOT, and documents the pickup date.

X. Glossary of Terms:

ATA

The American Trucking Association is a federation of associations, councils and conferences that represent the interests of the trucking industry; to influence Federal and State governmental actions; to advance the trucking industry's image, efficiency, competitiveness and profitability; to provide educational programs and industry research; and to promote highway and driver safety. ATA owns the copyrights to the Uniform Straight Bill of Lading as found in the NMFC.

Bill of Lading

The document and/or contract used to record and transfer detail information pertaining to a unique shipment.

Bill of Lading Number

The unique number assigned by the shipper in creating the Bill of Lading, which identifies the unique shipment (See Section III of this guideline).

Carton Packing List

A list of the products being shipped within the carton or container. Used primarily for pick and pack shipments for receipt processing at the retail store location. The purpose is for communication to the final receiving destination to identify carton contents. The carton packing list commonly includes the total number of units per stock keeping unit (SKU). This information is not to be included on the Bill of Lading and is not intended as a carrier document.

CID Number

Consignee Identification Number; a unique internal number assigned by the consignee for their own purposes. **Must not be the Bill of Lading number or the Pro number.** Examples are appointment numbers and authorization numbers.

Class

A rating assigned to products based on their value and shipping characteristics, i.e. density and how the freight is packaged.

Collect

The consignee pays for the freight costs from the shipper's door to their door.

COD

Cash on Delivery: refers to the payment for the goods being shipped. If this section of the BOL is filled in, the carrier cannot deliver the goods until payment for the goods has been received.

Customer Order Number

The number used by the customer to identify the purchase of the goods.

Declared Value

Documents the dollar value of the goods being shipped. Full value rates are applied. Only necessary when the value of goods exceeds the carrier's defined shipment value or the shipper requests the carrier to purchase additional insurance to cover the value of the shipment. The carrier is responsible for the full liability if declared on the Bill of Lading.

X. Glossary of Terms:

Delivery Manifest

A carrier generated manifest that is a summary of LTL final destination shipments to a consignee. The delivery manifest may include the manifest control number, trailer number, PRO numbers, Hazardous Material indicator, purchase order numbers, weight and carton count.

EAN

The European Articles Numbering Organization. EAN is the equivalent of the UCC outside of North America (USA, Canada, Mexico). EAN works in cooperation with the UCC administrators and the UCC/EAN system. The UCC/EAN system consists of product and serialized identification codes, Application Identifiers and associated symbologies.

EDI 204 Motor Carrier Load Tender

The Motor Carrier Load Tender is initiated by the shipper to a Truckload carrier. Depending on the partner agreement, the load tender may or may not be considered a binding offer of freight. The carrier responds to a load tender using the EDI 990 (Response to Load Tender). The 204 is used to convey Bill of Lading and Customer Order information and may be used to tender loads from multiple origins to multiple destinations.

EDI 211 Motor Carrier Bill of Lading

The Motor Carrier Bill of Lading is initiated by the shipper to a carrier as an electronic Bill of Lading. The 211 is considered to be an exact representation of the shipment by the Shipper and can be a replacement or supplement to the Bill of Lading. It is used to convey Bill of Lading and Customer Order information, but is not to be used as a load tender, legal Bill of Lading, pickup notification or appointment schedule.

EDI 214 Carrier Shipment Status

The carrier sends the Carrier Shipment Status notice to the consignee and possibly to the shipper. The 214 includes the Bill of Lading information as well as the pickup date, ETA and schedule time at the consignee's facility. The 214 may be sent to the consignee from 1 to 4 times during the shipment of the goods. The key common data elements between the EDI 214 and the EDI 856 are the Bill of Lading number, the customer order number, and the "ship to" location number.

EDI 215 Motor Carrier Pickup Manifest

The Motor Carrier Pickup Manifest is initiated by the shipper to a small package carrier. The 215 provides the carrier a manifest of all shipments tendered to that carrier for a single day's activity from a single shipping location. The 215 can be used to convey a Bill of Lading Number, Customer Order number, shipper bar code and/or carrier bar code to the carrier for each shipment. The 215 is not to be used as a load tender, legal Bill of Lading, pickup notification, or appointment schedule.

EDI 856 Ship Notice Manifest

The shipper sends the Ship Notice Manifest to the consignee. The 856 is an electronic packing list that details the specific shipment attributes. It also includes the shipping container numbers that have been bar coded and applied to the cartons and/or pallets. The key common data elements between the EDI 214 and the EDI 856 are the Bill of Lading number, the customer order number, and the "ship to" location number.

X. Glossary of Terms:

FOB

The point at which the title of the goods passes from the shipper to the consignee.

Handling Unit

The shipping unit level handled by the carrier when loaded on the trailer. For example, when cartons are unitized onto a pallet, the handling unit is the pallet. When cartons are tendered loose, i.e. not unitized, the handling unit is the carton.

Master Bill

A Bill of Lading used to summarize multiple Bills of Lading (commonly called underlying Bills of Lading), which represent one shipment. The Master Bill of Lading number shall be documented in the Special Instructions section of each underlying Bill of Lading.

NMFC

The National Motor Freight Classification. The publication produced by the NMFTA that classifies all commodity types and establishes level of rates for a shipment. LTL Carriers that are members of the NMFTA subscribe to the NMFC and follow the commodity classifications.

NMFC Number

The National Motor Freight Classification item number. The NMFC number is assigned by commodity type and is used by participating LTL carriers to determine the level of rates for a shipment.

NMFTA

The National Motor Freight Traffic Association. The NMFTA is responsible for maintaining the NMFC and documenting carrier SCAC codes. See the "SCAC code" definition for information about obtaining a SCAC code or a copy of the list of all SCAC codes.

Pallet/Slip

Pallets or Slips refers to the common types of unitizing cartons on a shipment.

Prepaid

The shipper pays for the freight costs from origin to the consignee's dock.

Pro Number

A unique number assigned by the carrier to identify a specific shipment.

Package

The lowest level of shipping unit of an item. The packages may be unitized into a handling unit for shipment, e.g. pallet, slip.

Released Value

Value of a shipment set by the shipper, which establishes maximum liability of the carrier. Usually results in lower freight rates.

X. Glossary of Terms:

SCAC

Standard Carrier Alpha Code. A four-letter alpha code uniquely identifying a carrier. Carrier SCAC codes are assigned and maintained by the National Motor Freight Traffic Association (NMFTA). To obtain a SCAC code or the list of all carrier SCAC's, contact the *NMFTA at 703-838-1868*.

Shipment

The movement of freight from one origin point to one destination point.

Shipment Packing List

A summary by customer order of the number of pieces per stock keeping unit (SKU) and associated carton count on the shipment. The purpose is for communication to the final receiving destination to be used for receipt check-in of cartons and/or units to the customer order. Not used for cross-dock shipments. This information is not to be included on the Bill of Lading.

Shipping Manifest

The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer specified intermediate location (i.e., distribution center, consolidator) with the individual cartons marked for specific store locations. This is commonly referred to as Ship To / Marked For Cross Dock shipments. The manifest contains store level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store and weight/cube totals. See Appendix E for recommended format and examples of use with the VICS BOL.

SID #

Shipper Identification Number, a unique internal number assigned by the shipper for their purposes. **Must not be the Bill of Lading number or the Pro number.** Examples of uses are as an invoice number, supplier code or location code.

Third Party

The freight charges for a shipment are paid a party other than the shipper or consignee.

UCC

The Uniform Code Council, Inc., which in cooperation with EAN administers the UCC/EAN system. The UCC/EAN system consists of product and serialized identification codes, Application Identifiers, and associated symbologies.



VICS

Voluntary Inter-industry Commerce Standards. VICS establishes cross-industry standards that simplify the flow of product and information in the general merchandise retail industry for retailers and suppliers. VICS is made up of executives whose efforts are directed at projects that will improve the timely and accurate flow of product and information between companies

APPENDIX A: Example (1) LTL Shipment using Bar Codes, Multiple Orders and Commodities

Characteristics: Carrier Information lists total cartons per NMFC#


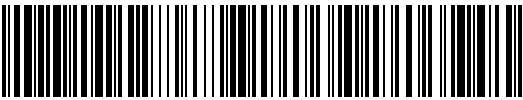
VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1				
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890					
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____					
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: <u>ABCD</u> Pro number: <u>12345678901234567890</u>  (9012K) SCAC12345678901234567890					
Name: _____ Address: _____ City/State/Zip: _____									
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect <u>X</u> 3 rd Party _____					
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading					
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO				
<u>45012345698</u>		<u>144 ctns</u>	<u>1152 lbs</u>	<input checked="" type="radio"/> Y <input type="radio"/> N					
<u>6805673</u>		<u>15 ctns</u>	<u>45 lbs</u>	<input type="radio"/> Y <input checked="" type="radio"/> N					
				<input type="radio"/> Y <input type="radio"/> N					
				<input type="radio"/> Y <input type="radio"/> N					
				<input type="radio"/> Y <input type="radio"/> N					
GRAND TOTAL		<u>159 ctns</u>	<u>1197 lbs</u>						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
<u>1</u>	<u>plts</u>	<u>48</u>	<u>ctns</u>	<u>384 lbs</u>		<u>Sport Accessories</u>	<u>154865 00</u>	<u>70</u>	
<u>2</u>	<u>plts</u>	<u>96</u>	<u>ctns</u>	<u>768 lbs</u>		<u>Video, Tape Recording</u>	<u>168955 03</u>	<u>92.5</u>	
<u>15</u>	<u>ctns</u>	<u>15</u>	<u>ctns</u>	<u>45 lbs</u>		<u>Recordings, Sound, Disc, Tape</u>	<u>168945 01</u>	<u>100</u>	
<u>18</u>		<u>159</u>		<u>1197</u>		GRAND TOTAL			
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
				Signature _____ Shipper		Signature _____			

APPENDIX A: Example (2) LTL Shipment using Bar Codes, Multiple Orders and Commodities

Characteristic: Carrier Information lists the number of pallets, then details total cartons per NMFC#

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: <u>ABCD</u> Pro number: <u>12345678901234567890</u>  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect <u>X</u> 3 rd Party _____				
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
<u>45012345698</u>		<u>350 ctns</u>	<u>1750 lbs</u>	(Y) N				
<u>6805673</u>		<u>50 ctns</u>	<u>250 lbs</u>	(Y) N				
				Y N				
				Y N				
				Y N				
GRAND TOTAL		<u>400 ctns</u>	<u>2000 lbs</u>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<u>5</u>	<u>plts</u>	<u>100</u>	<u>ctns</u>	<u>500</u>		<u>Sport Accessories</u>	<u>154865 00</u>	<u>70</u>
		<u>250</u>	<u>ctns</u>	<u>1250</u>		<u>Video, Tape Recording</u>	<u>168955 03</u>	<u>92.5</u>
		<u>50</u>	<u>ctns</u>	<u>250</u>		<u>Recordings, Sound, Disc, Tape</u>	<u>168945 01</u>	<u>100</u>
<u>5</u>		<u>400</u>		<u>2000</u>		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).							RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.					Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			

APPENDIX A: Example (3) LTL Shipment using Bar Codes, Multiple Orders and Commodities

Characteristic: Modified format with no data lines and bar codes.

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING				Page 1			
SHIP FROM					Bill of Lading Number: <u>06141411234567890</u>				
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO					CARRIER NAME: <u>LTL Transportation</u>				
Name: <i>XYZ Company</i> Location #: <u>0669</u> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FOB: <input type="checkbox"/>					Trailer number: _____				
THIRD PARTY FREIGHT CHARGES BILL TO:					Seal number(s): _____				
					SCAC: ABCD Pro number: 12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____					Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
SPECIAL INSTRUCTIONS:					Prepaid _____				
					<input type="checkbox"/> Collect <u>X</u> 3 rd Party (check box) _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		WEIGHT		PALLET		ADDITIONAL SHIPPER INFO			
45012345698		<i>350 ctns</i>		<i>1750 lbs</i>		Y			
6805673		<i>50 ctns</i>		<i>250 lbs</i>		Y			
GRAND TOTAL		<i>400 ctns</i>		<i>2000 lbs</i>					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC #	CLASS
5	<i>plts</i>	100	<i>ctns</i>	500		<i>Sport Accessories</i>		154865 00	70
			250	<i>ctns</i>	1250	<i>Video, Tape Recording</i>		168955 03	92.5
			50	<i>ctns</i>	250	<i>Recordings, Sound, Disc, Tape</i>		168945 01	100
5		400		2000	GRAND TOTAL				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.			Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>		

APPENDIX A: Example (4) LTL Shipment using Bar Codes, Multiple Orders and Commodities

Characteristics: Special Instructions section expanded, Carrier and Customer Information sections shortened and no bar codes.


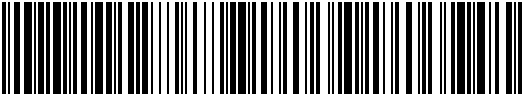
VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>0614141234567890</u>				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Co. C/o</u> Location #: <u>0669</u> <u>Consolidator KLM</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>				SCAC: ABCD Pro number: 12345678901234567890				
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 rd Party _____				
Name: _____ Address: _____ City/State/Zip: _____				<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>				
SPECIAL INSTRUCTIONS: Underlying Bill of Lading Numbers: 23456789012345678901, 34567890123456789012, 45678901234567890123, 56789012345678901234, 67890123456789012345, 78901234567890123456								
MUST DELIVER BY 9/9/00. PLEASE CALL FOR DELIVERY APPOINTMENT @ 732-555-1515								
IMPORTANT! MAINTAIN TRAILER 45 DEGREE TEMPERATURE								
PRODUCT IS LOADED ON CHEP PALLETS								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<u>45012345698</u>		<u>1000 ctns</u>	<u>10000 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
GRAND TOTAL		<u>1000 ctns</u>	<u>10000 lbs</u>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<u>20</u>	<u>plts</u>	<u>1000</u>	<u>ctns</u>	<u>10000 lbs</u>		<u>Candy</u>	<u>154865 00</u>	<u>70</u>
<u>20</u>		<u>1000</u>		<u>10000 lbs</u>		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature Shipper				
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.. Property described above is received in good order, except as noted</small>		

APPENDIX B: Example (1) Use of the Supplement to the Bill of Lading on a Truckload Shipment

Characteristics: Customer Order Information on **standard** format of Supplement Page.

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1	
SHIP FROM				Bill of Lading Number: <u>6141411234567890</u>  (402) 06141411234567890		
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <i>EFGH56789</i> Seal number(s): <i>654328971</i>		
Name: <i>XYZ Company</i> Location #: <u>0669</u> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: EFGH Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect <u>X</u> 3 rd Party _____		
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
				Y	N	
SEE ATTACHED				Y	N	
SUPPLEMENT PAGE				Y	N	
				Y	N	
				Y	N	
GRAND TOTAL		<i>2166 ctns</i>	<i>14978 lbs</i>			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE	QTY	TYPE			
<i>23</i>	<i>plts</i>	<i>2076</i>	<i>ctns</i>	<i>14295 lbs</i>		<i>Box Clothing in Bulk</i>
<i>90</i>	<i>ctns</i>	<i>90</i>	<i>ctns</i>	<i>683 lbs</i>		<i>Box Clothing in Bulk</i>
<i>113</i>		<i>2166</i>		<i>14978</i>		GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

APPENDIX B: Example (1) Use of the Supplement to the Bill of Lading on a Truckload Shipment

Characteristics: Standard format of Supplement Page **not modified.**

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill of Lading Number:

06141411234567890

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# OF PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
160763145	25	288	Y	(N)	25 floor loaded loose
16763642	160	800	Y	(N)	
160763643	201	1005	Y	(N)	1 floor loaded loose
160758227	206	1836	Y	(N)	6 floor loaded loose
16763646	135	810	Y	(N)	
160763648	305	2430	Y	(N)	5 floor loaded loose
160763756669	882	5280	Y	(N)	
107636459	161	805	Y	(N)	31 floor loaded loose
16044763209	69	1587	Y	(N)	
160758224	22	137	Y	(N)	
			Y	N	<i>Envelope: Bill of Lading to travel</i>
			Y	N	<i>with shipment</i>
			Y	N	
			Y	N	
PAGE SUBTOTAL	2166	14978 lbs			


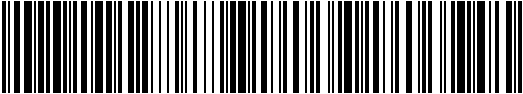
CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						PAGE SUBTOTAL		

APPENDIX B: Example (2) Use of the Supplement to the Bill of Lading on a Truckload Shipment

Characteristics: Customer Order Information on modified format of Supplement Page.

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING		Page 1	
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890	
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>					
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <u>EFGH56789</u> Seal number(s): <u>654328971</u>	
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>					
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: <u>EFGH</u> Pro number: <u>12345678901234567890</u>  (9012K) SCAC12345678901234567890	
Name: _____ Address: _____ City/State/Zip: _____					
SPECIAL INSTRUCTIONS:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 rd Party _____	
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
				Y	N
SEE ATTACHED				Y	N
SUPPLEMENT PAGE				Y	N
				Y	N
				Y	N
GRAND TOTAL		<u>690</u>	<u>6900</u>		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
<u>690</u>	<u>ctns</u>	<u>690</u>	<u>ctns</u>	<u>6900</u>	<input checked="" type="checkbox"/>
				COMMODITY DESCRIPTION	
				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	
				<u>Box Clothing in Bulk</u>	
				LTL ONLY	
				NMFC #	CLASS
				GRAND TOTAL	
		<u>690</u>	<u>690</u>	<u>6900</u>	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____	
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).					
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
				Signature _____ Shipper	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded:		Freight Counted:	
		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.					

APPENDIX B: Example (2) Use of the Supplement to the Bill of Lading on a Truckload Shipment

Characteristics: Supplement Page modified to show Customer Order Information only



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		SUPPLEMENT TO THE BILL OF LADING			Page 2
Bill of Lading Number: 06141411234567890					
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# OF PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
1234567	10	100	Y	(N)	
2345678	20	200	Y	(N)	
3456789	10	100	Y	(N)	
4567890	20	200	Y	(N)	
5678901	30	300	Y	(N)	
6789012	20	200	Y	(N)	
7890123	10	100	Y	(N)	
8901234	30	300	Y	(N)	
9012345	10	100	Y	(N)	
0123456	20	200	Y	(N)	
12345678	10	100	Y	(N)	
23456789	30	300	Y	(N)	
34567890	40	400	Y	(N)	
45678901	20	200	Y	(N)	
56789012	30	300	Y	(N)	
67890123	10	100	Y	(N)	
78901234	20	200	Y	(N)	
89012345	30	300	Y	(N)	
90123456	50	500	Y	(N)	
01234567	40	400	Y	(N)	
98765432	10	100	Y	(N)	
87654321	10	100	Y	(N)	
76543210	10	100	Y	(N)	
65432109	20	200	Y	(N)	
54321098	30	300	Y	(N)	
43210987	10	100	Y	(N)	
32109876	20	200	Y	(N)	
21098765	30	300	Y	(N)	
10987654	10	100	Y	(N)	
09876543	10	100	Y	(N)	
9876543	10	100	Y	(N)	
8765432	20	200	Y	(N)	
7654321	40	400	Y	(N)	
PAGE SUBTOTAL	690	6900			

APPENDIX B: Example (3) Use of the Supplement to the Bill of Lading on a LTL Shipment

Characteristic: Carrier Information on modified Supplement Page

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: ABCD Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect <u>X</u> 3 rd Party _____				
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<u>45012345698</u>		<u>500 ctns</u>	<u>2500 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
<u>6805673</u>		<u>450 ctns</u>	<u>2250 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
<u>6789102</u>		<u>50 ctns</u>	<u>250 lbs</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
GRAND TOTAL		<u>1000 ctns</u>	<u>5000 lbs</u>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
See Attached Supplement Page								
<u>13</u>		<u>1000</u>		<u>5000</u>		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					_____ Shipper Signature			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

APPENDIX B: Example (3) Use of the Supplement to the Bill of Lading on a LTL Shipment

Characteristics: Supplement Page modified to show Carrier Information only.



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
Date: 02/01/1999		SUPPLEMENT TO THE BILL OF LADING				Page 2			
						Bill of Lading Number: 06141411234567890			
CARRIER INFORMATION									
1	plts	50	ctns	100		Sport Accessories	154865 00	70	
		20	ctns	100		Clothing NOI	049880 03		
1	plts	20	ctns	50		Video, Tape Recording	168955 03	92.5	
		20	ctns	100		Clothing NOI	049880 03		
		20	ctns	100		Sport Accessories	154865 00	70	
		5	ctns	150		Video, Tape Recording	168955 03	92.5	
		5	ctns	50		Recordings, Sound, Disc, Tape	168945 01	100	
1	plts	20	ctns	50		Clothing NOI	049880 03		
		20	ctns	50		Cotton Hosiery	049940 00		
		40	ctns	100		Sport Accessories	154865 00	70	
1	plts	50	ctns	250		Clothing NOI	049880 03		
		20	ctns	100		Recordings, Sound, Disc, Tape	168945 01	100	
		10	ctns	50		Sport Accessories	154865 00	70	
1	plts	20	ctns	100		Clothing NOI	049880 03		
		50	ctns	250		Cotton Hosiery	049940 00		
		10	ctns	50		Sport Accessories	154865 00	70	
1	plts	30	ctns	150		Clothing NOI	049880 03		
		50	ctns	250		Sport Accessories	154865 00	70	
1	plts	20	ctns	250		Recordings, Sound, Disc, Tape	168945 01	100	
		10	ctns	50		Cotton Hosiery	049940 00		
		10	ctns	50		Sport Accessories	154865 00	70	
		10	ctns	50		Clothing NOI	049880 03		
		10	ctns	50		Video, Tape Recording	168955 03	92.5	
1	plts	80	ctns	400		Sport Accessories	154865 00	70	
1	plts	20	ctns	100		Video, Tape Recording	168955 03	92.5	
		60	ctns	300		Recordings, Sound, Disc, Tape	168945 01	100	
1	plts	80	ctns	400		Video, Tape Recording	168955 03	92.5	
1	plts	80	ctns	400		Video, Tape Recording	168955 03	92.5	
1	plts	30	ctns	150		Recordings, Sound, Disc, Tape	168945 01	100	
		50	ctns	250		Video, Tape Recording	168955 03	92.5	
1	plts	50	ctns	250		Cotton Hosiery	049940 00		
		20	ctns	100		Sport Accessories	154865 00	70	
		10	ctns	50		Clothing NOI	049880 03		
13		1000		5000		PAGE SUBTOTAL			

APPENDIX C: Example (1) Use of Master Bill of Lading with Two (2) Underlying BOL's for Consolidation

Master Bill of Lading



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890				
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <i>EFGH56789</i> Seal number(s): <i>654329873</i>				
Name: <i>XYZ Company</i> Location #: _____ Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: EFGH Pro number: 2345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS: <i>Underlying Bill of Lading Numbers:</i> <p style="text-align: center;">06141411234567906, 06141411234567913</p>				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 rd Party _____				
				<input checked="" type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
166314542648		<i>206</i>	<i>1836</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
16076364298		<i>305</i>	<i>2430</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
16793643		<i>882</i>	<i>5280</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
GRAND TOTAL		<i>1393</i>	<i>9546</i>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<i>6</i>	<i>plts</i>	<i>511</i>	<i>ctns</i>	<i>4266</i>	<input type="checkbox"/>	<i>Clothing NOI</i>		
<i>9</i>	<i>plts</i>	<i>882</i>	<i>ctns</i>	<i>5280</i>	<input type="checkbox"/>	<i>Cotton Hosiery</i>		
15		1393		9546		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____				
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.				_____ Shipper				
SHIPPER SIGNATURE / DATE			Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE/ PICKUP DATE	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.			<input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	

APPENDIX C: Example (1) Use of Master Bill of Lading with Two (2) Underlying BOL's for Consolidation

First Underlying BOL



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1	
SHIP FROM				Bill of Lading Number: <u>06141411234567906</u>  (402) 06141411234567906		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <u>EFGH56789</u> Seal number(s): <u>654329873</u>		
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: FGH Pro number: <u>12345678901234567890</u>  (9012K) SCAC12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: <p style="text-align: center;">06141411234567890</p>				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____		
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
<u>16076364298</u>		<u>203</u>	<u>1617</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	
<u>16793643</u>		<u>588</u>	<u>3520</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	
				<input type="radio"/> Y	<input type="radio"/> N	
				<input type="radio"/> Y	<input type="radio"/> N	
				<input type="radio"/> Y	<input type="radio"/> N	
GRAND TOTAL		<u>791</u>	<u>5137</u>			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE	QTY	TYPE			
<u>3</u>	<u>plt</u>	<u>203</u>	<u>ctn</u>	<u>1617</u>		NMFC #
<u>6</u>	<u>plt</u>	<u>588</u>	<u>ctn</u>	<u>3520</u>		CLASS
<u>9</u>		<u>791</u>		<u>5137</u>	GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">_____ Shipper</p>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>

APPENDIX C: Example (1) Use of Master Bill of Lading with Two (2) Underlying BOL's for Consolidation

Second Underlying BOL



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1	
SHIP FROM				Bill of Lading Number: <u>06141411234567913</u>  (402) 06141411234567913		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <u>EFGH56789</u> Seal number(s): <u>654329873</u>		
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: <u>EFGH</u> Pro number: <u>12345678901234567890</u>  (9012K) SCAC12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: <p style="text-align: center;">06141411234567890</p>				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____		
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
<u>166314542648</u>		<u>206</u>	<u>1836</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	
<u>16076364298</u>		<u>102</u>	<u>813</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	
<u>16793643</u>		<u>294</u>	<u>1760</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	
				<input type="radio"/> Y	<input type="radio"/> N	
				<input type="radio"/> Y	<input type="radio"/> N	
GRAND TOTAL		<u>602</u>	<u>4409</u>			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE	QTY	TYPE			
<u>3</u>	<u>plts</u>	<u>308</u>	<u>ctns</u>	<u>2649</u>		<u>Clothing NOI</u>
<u>3</u>	<u>plts</u>	<u>294</u>	<u>ctns</u>	<u>1760</u>		<u>Cotton Hosiery</u>
<u>6</u>		<u>602</u>		<u>4409</u>		GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. _____ Property described above is received in good order, except as noted.

APPENDIX C: Example (2) Invoice per Customer Order requiring Three (3) Separate BOL's on an LTL Shipment

Master Bill Of Lading



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567890</u>  (402) 06141411234567890				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: ABCD Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS: Underlying Bill of Lading Numbers: 06141411234567906, 06141411234567913, 06141411234567920				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____				
				<input checked="" type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
6076314569		206	1836	(Y) N	26 loose cartons			
160763642		305	2430	(Y) N	65 loose cartons			
7936433457		882	5280	(Y) N	2 loose cartons			
				Y N				
				Y N				
GRAND TOTAL		1393	9546					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
5	plts	420	crtns	3517		Clothing NOI	049880 03	
11	plts	880	crtns	5268		Cotton Hosiery	049940 00	
91	ctns			749		Clothing NOI	049880 03	
2	ctns			12		Cotton Hosiery	049940 00	
109		1300		9546		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.					Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
					CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good or, except as noted.			

APPENDIX C: Example (2) Invoice per Customer Order requiring Three (3) Separate BOL's on an LTL Shipment

Underlying BOL for First Customer Order



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567906</u>  (402) 06141411234567906				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: ABCD Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: <p style="text-align: center;">06141411234567890</p>				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
6076314569		206	1836	(Y)	N	26 loose cartons		
				Y	N			
				Y	N			
				Y	N			
				Y	N			
GRAND TOTAL		206	1836					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	<i>plts</i>	180	<i>crtns</i>	1604		<i>Clothing NOI</i>	049880 03	
26	<i>ctns</i>			232		<i>Clothing NOI</i>	049880 03	
28		180		1836		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.					Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	

APPENDIX C: Example (2) Invoice per Customer Order requiring Three (3) Separate BOL's on an LTL Shipment

Underlying BOL for Second Customer Order



VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567906</u>  (402) 06141411234567906				
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <u>XYZ Company</u> Location #: <u>0669</u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: ABCD Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: <p style="text-align: center;">06141411234567890</p>				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
<u>160763642</u>		<u>305</u>	<u>2430</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<u>65 loose cartons</u>		
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
GRAND TOTAL		<u>206</u>	<u>1836</u>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<u>3</u>	<u>plts</u>	<u>240</u>	<u>crtns</u>	<u>1912</u>		<u>Clothing NOI</u>	<u>049880 03</u>	
<u>65</u>	<u>ctns</u>			<u>518</u>		<u>Clothing NOI</u>	<u>049880 03</u>	
<u>68</u>		<u>240</u>		<u>2430</u>		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					Signature _____ Shipper			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

APPENDIX C: Example (2) Invoice per Customer Order requiring Three (3) Separate BOL's on an LTL Shipment

Underlying BOL for Third Customer Order

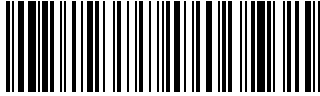

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1			
SHIP FROM				Bill of Lading Number: <u>06141411234567920</u>  (402) 06141411234567920				
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____				
Name: <i>XYZ Company</i> Location #: <u>0669</u> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: ABCD Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890				
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS: Master Bill of Lading Number: 06141411234567890				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
7936433457		882	5280	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>2 loose cartons</i>		
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
				<input type="radio"/> Y	<input type="radio"/> N			
GRAND TOTAL		882	5280					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY		QTY	TYPE				NMFC #	CLASS
11	<i>ctns</i>	880	<i>ctns</i>	5268		<i>Cotton Hosiery</i>	049940	00
2	<i>plts</i>			12		<i>Cotton Hosiery</i>	049940	00
13		880		5280		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.				Signature _____ Shipper				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

APPENDIX C: Example (3) Truckload Multiple Stop Load

Master BOL for Two Stops

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING			Page 1	
SHIP FROM				Bill of Lading Number: 06141411234567890  (402) 06141411234567890		
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <i>EFGH56789</i> Seal number: <i>654328971</i>		
Name: <i>XYZ Company</i> Location #: <u>0669</u> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: EFGH Pro number: 12345678901234567890  (9012K) SCAC12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS: Underlying Bill of Lading Numbers: Stop #1: 06141411234567906; Stop #2: 06141411234567913 "Multiple Stop Load"				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____ <input checked="" type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
				Y N		
<i>See Attached Underlying Bills of Lading</i>				Y N		
				Y N		
				Y N		
GRAND TOTAL		1730	15881			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE	QTY	TYPE			
						See Attached Underlying Bills of Lading
147		1600		15881		GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature		
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>

APPENDIX C: Example (3) Truckload Multiple Stop Load

First Stop

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING				Page 1	
SHIP FROM							
Name: <i>ABC Company</i>		Address: <i>1000 ABC Drive</i>		City/State/Zip: <i>Any City, AB, 10000</i>		SID#: _____	
		Name: _____		Location #: 0669		Name: _____	
		Address: <i>9000 XYZ Drive</i>		City/State/Zip: <i>Some City, ZY 90000</i>		CID#: _____	
		Name: _____		Address: _____		City/State/Zip: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name: _____				Address: _____			
City/State/Zip: _____							
SPECIAL INSTRUCTIONS: <i>Master Bill of Lading Number:</i>							
06141411234567890							
STOP #1							
				CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
756831012		<i>541 ctns</i>	<i>5673 lbs</i>	(Y) N		<i>61 loose</i>	
75695		<i>280 ctns</i>	<i>2936 lbs</i>	(Y) N		<i>40 loose</i>	
				Y N			
				Y N			
				Y N			
GRAND TOTAL		<i>821 ctns</i>	<i>8609 lbs</i>				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT		COMMODITY DESCRIPTION	
QTY		TYPE		H.M. (X)		LTL ONLY	
QTY		TYPE		WEIGHT		NMFC #	
CLASS		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION	
						<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
<i>9</i>		<i>plts</i>		<i>720</i>		<i>ctns</i>	
<i>101</i>		<i>ctns</i>		<i>7550</i>		<i>Cartons of Cotton Hosiery</i>	
				<i>1059</i>		<i>Cartons of Cotton Hosiery</i>	
110		720		8609		GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____			
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
				Signature _____ Shipper			
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:	
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
				<input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain	
						<input checked="" type="checkbox"/> By Driver/Pieces	
						CARRIER SIGNATURE / PICKUP DATE	
						<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	
						<small>Property described above is received in good order, except as noted.</small>	

APPENDIX C: Example (3) Truckload Multiple Stop Load

Second Stop

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999 **BILL OF LADING** Page 1

SHIP FROM
 Name: *ABC Company*
 Address: *1000 ABC Drive*
 City/State/Zip: *Any City, AB, 10000*
 SID#: _____ FOB:

SHIP TO
 Name: *XYZ Company* Location #: **0669**
 Address: *9000 XYZ Drive*
 City/State/Zip: *Some City, ZY 90000*
 CID#: _____ FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS: *Master Bill of Lading Number:*
06141411234567890
STOP #2

Bill of Lading Number: **06141411234567913**

 (402) 06141411234567913

CARRIER NAME: *Truckload Transportation*
 Trailer number: *EFGH56789*
 Seal number(s): *654328971*

SCAC: *EFGH*
Pro number: **12345678901234567890**

 (9012K) SCAC12345678901234567890

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*
 Prepaid _____ Collect **X** 3rd Party _____

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
30618762	<i>144 ctns</i>	<i>5673 lbs</i>	<input checked="" type="radio"/> Y <input type="radio"/> N	
36188	<i>683 ctns</i>	<i>2936 lbs</i>	<input checked="" type="radio"/> Y <input type="radio"/> N	
30061950669	<i>82 ctns</i>	<i>656 lbs</i>	<input checked="" type="radio"/> Y <input type="radio"/> N	<i>29 cartons loose</i>
			Y N	
			Y N	
GRAND TOTAL	<i>821 ctns</i>	<i>8609 lbs</i>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	<i>plts</i>	880	<i>ctns</i>	7040		<i>Video, Tape Recording</i>		
29	<i>ctns</i>			232		<i>Video, Tape Recording</i>		
37		880		7272		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).
 RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Appendix D: Change Request Form

VICS Standard Bill Of Lading Guideline Change Request Form

TO: VICS
 1009 Lenox Drive
 Suite 202
 Lawrenceville, NJ 08648

Email: vics@uc-council.org

FAX: 609-620-1201

From: _____
Name

Company

Address

Email: _____

Phone: _____

FAX: _____

Description Of Change Being Requested:

(Please be as precise as possible; i.e. attach examples, reference page number)

Business Justification For Requested Change:

Your request for change will be forwarded to the VICS Logistics Committee for review and determination of action to be taken. You will be contacted within 90 days on the status of your proposed change to the VICS Bill Of Lading Guideline.

Appendix E: Shipping Manifest

The Shipping Manifest is a document generated by the shipper for a customer pertaining to store shipments that are shipped to a customer specified intermediate location (i.e., distribution center, consolidator) with the individual cartons marked for specific store locations. This is commonly referred to as Ship To / Marked For Cross Dock shipments. The manifest contains store level detail that typically includes store location numbers, store addresses, customer order numbers, number of cartons per order per store and weight/cube totals.

The Shipping Manifest is detailed information required by the consignee. The information is not used by the carriers and therefore, the manifest is not a replacement for or part of the Bill of Lading. The manifest can be attached to the VICS BOL, however the industry best practice is to send the Shipping Manifest directly to the consignee.

However, there is information on the shipping manifest that does appear on a VICS Bill Of Lading. The header information on the manifest corresponds to the same information on the related BOL for a shipment. The grand total of the cartons from the manifest is the same as the total provide in the Carrier Information section of the related VICS BOL. The grand total of the weight and cube information on the manifest may vary slightly to the corresponding totals on the VICS BOL due to rounding routines.

Recommended Shipping Manifest Mandatory (M) and Optional (O) Data Elements:

(Company Name)							
Date: ___(M)_		SHIPPING MANIFEST				Page (M)	
From: _____(M)_____		Master / Bill of Lading #: ___(M)_____					
_____		Ship To: _____(M)_____					
_____		_____					
_____		_____					
Carrier Name: ___(O)_____				CID #: _____(O)_____			
Special Instructions: (O)							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT	CUBE	SHIPPER REF. NUMBER
(M)	(M)	(M)	(M)	(M)	(M)	(M)	(O)

Appendix E: Shipping Manifest

Key Shipping Manifest Data Content Explanations:

Page:

The manifest is considered a separate document and therefore, the first page starts at page one.

Master / Bill of Lading:

The corresponding BOL number for the shipment is used. Use of a Master BOL number is dependent upon the shipper's processes and ship to requirements (i.e., Master BOL's used in shipments to a third party consolidation ship to destination). **WARNING:** Use of the master BOL requires that the corresponding EDI 856 ASN contains the Master BOL number.

From:

This does not have to be the full vendor address. A full address is usually included when there are multiple shipping points and /or the vendor uses third party logistics providers.

Ship To:

The customer's name and ship to location number. If shipping to a third party logistics provider (i.e. consolidator), customer name and the Care Of (C/O) name of the third party and if needed, the full address.

Carrier Name:

The carrier name and SCAC.

CID # (Customer Authorization #):

A number assigned to the shipment by the customer and required for scheduling, tracking and/or receipt. Examples would be appointment numbers, collect move authorization numbers, etc.

Special Instructions:

A special instructions section can be added to the header area at the Shipper's discretion. The special instructions on the Shipping Manifest is typically used by the Shipper for order processing purposes.

Store #:

The buyer assigned store location number based on the data sent on the corresponding purchase order for the Marked For store. This could also be the buyer's distribution center location number when there also contains Marked For purchase order data for a distribution center.

City/State:

City and State for the corresponding store location number. Full address should not be needed since this is a document for either the customer or their third party logistics provider who should not need the full address to process.

Appendix E: Shipping Manifest

Dept #:

Buyer assigned category number that is mandatory based on buyer's shipping requirements.

Customer Order Number:

Purchase order number or other key purchasing number used within a non-retail supply chains to acknowledge receipt for invoice payment.

Cartons:

Total cartons per store / customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship To location. Totals by intermediate location (i.e., third party consolidator).

Weight:

Total weight of the total cartons per store/customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship To location. Totals by intermediate location (i.e., third party consolidator). Weight is typically rounded up to the nearest whole number.

Cube:

Total cube (height x length x width) of the total cartons per store/customer order number. Sub-totals when there are multiple customer orders per store. Totals by Ship To location. Totals by intermediate location (i.e., third party consolidator).

Cube is typically rounded up to the nearest whole number.

Shippers Ref. Number:

Examples of reference number data would be underlying BOL #'s when a master BOL number is used in the header of the shipping manifest, Shipper 's invoice # and the carrier trailer number. **The column heading should be changed to indicate the column data contents.**

Grand Totals:

The grand total of cartons, weight and cube for the entire shipment. If possible, this should be displayed on the first page versus the last page.

(**Warning:** Weight and cube are rounded up to the nearest whole number and therefore, the grand totals for this data may vary slightly to the corresponding data on the VICS BOL.)

General Format Requirements:

Generally, the same format rules of use for the VICS BOL apply to the Shipping Manifest;

- Data headings should appear in the general geographical area.
- Data line separators are optional based on print process.
- BOL number is located in the upper right side of the header information section on the first page.
- Presentation can be done in either portrait or landscape orientation.

Appendix E: Shipping Manifest

Shipping Manifest Example 1:

Characteristics: Shipment to intermediate third party location. Master BOL not used. Invoice number provided in the Shipper Reference Number column.

Note: Example depicts only the first page of a multiple page manifest; therefore the Grand Totals represent all pages of the Shipping Manifest.

USA Supplier							
SHIPPING MANIFEST							
Date: 08/01/00						Page 1	
From: USA Supplier Charlotte, NC 28217		Bill of Lading #: 12345678901234567					
						Ship To: Retailer C/O Third Party Provider	
Carrier Name: <i>LTL Transportation</i> ABCD				CID #: 500501000			
Special Instructions: Fax copy of manifest to third party provider at 204-331-1234							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT	CUBE	INVOICE NUMBER
001	Los Angeles, CA	020	1234567-500	10	10	20	123500
002	Anaheim, CA	020	1234567-501	20	10	40	123501
003	Los Angeles, CA	020	1234567-502	10	5	20	123502
004	Los Angeles, CA	020	1234567-503	30	6	30	123503
005	Los Angeles, CA	020	1234567-504	10	10	20	123504
006	Los Angeles, CA	020	1234567-505	10	2	20	123505
007	San Diego, CA	020	1234567-506	10	2	20	123506
008	San Diego, CA	020	1234567-507	20	10	40	123507
009	San Diego, CA	020	1234567-508	20	10	40	123508
010	San Diego, CA	020	1234567-509	10	2	20	123509
011	San Francisco, CA	020	1234567-510	20	10	40	123510
012	San Francisco, CA	020	1234567-511	20	10	40	123511
013	San Francisco, CA	020	1234567-512	30	6	60	123512
014	San Francisco, CA	020	1234567-513	10	2	20	123513
015	San Francisco, CA	020	1234567-514	20	10	40	123514
030	Sacramento, CA	020	1234567-515	20	10	40	123515
031	Sacramento, CA	020	1234567-516	30	6	60	123516
032	Sacramento, CA	020	1234567-517	30	6	60	123517
033	Sacramento, CA	020	1234567-518	10	10	20	123518
034	San Jose, CA	020	1234567-519	10	10	20	123519
Grand Totals:				750	457	1270	

Appendix E: Shipping Manifest

Shipping Manifest Example 2:

Characteristics: Shipment to a customer’s distribution center location on a ship to / marked for cross dock shipment with multiple orders per store and sub-totals. Master BOL not used. Invoice number provided in the Shipper Reference Number column.

Note: Example depicts only the first page of a multiple page manifest; therefore the Grand Totals represent all pages of the Shipping Manifest.

USA Supplier							
SHIPPING MANIFEST							
Date: 08/01/00						Page 1	
				Bill of Lading #: 12345678901234567			
From: USA Supplier Charlotte, NC 28217		Ship To: Retailer DC # 4502 1111 Way Dr. Glendale, CA 91203					
Carrier Name: Roadway		CID #: 49494949499					
Special Instructions: Fax copy of manifest to Retailer DC at 818-950-1234							
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CARTONS	WEIGHT	CUBE	INVOICE NUMBER
001	Los Angeles, CA	020	1234567-500	10	10	20	123500
			Store Total:	10	10	20	
002	Anaheim, CA	020	1234567-501	20	10	40	123501
			Store Total:	20	10	40	
003	Los Angeles, CA	020	1234567-502	10	5	20	123502
		020	4563333-099	30	6	30	222333
			Store Total:	40	11	50	
004	Los Angeles, CA	020	1234567-504	10	10	20	123504
		020	4563333-100	10	2	20	222334
			Store Total:	20	12	40	
005	San Diego, CA	020	1234567-506	10	2	20	123506
			4563333-101	20	10	40	222335
			Store Total:	30	12	60	
006	San Diego, CA	020	1234567-508	20	10	40	123508
		020	4563333-102	10	2	20	222339
			Store Total:	30	12	60	
011	San Francisco, CA	020	1234567-510	20	10	40	123510
		020	4563333-110	20	10	40	222350
			Store Total:	40	20	80	
Grand Totals:				550	357	1070	

Appendix E: Shipping Manifest

Shipping Manifest Example 3:

Characteristics: Shipment to intermediate third party consolidator location on crossdock shipments to various customer distribution centers using a Master BOL. Underlying BOL's assigned by customer distribution center provided in the Shipper Reference Number column.

Note: Example depicts only the first page of a multiple page manifest; therefore the Grand Totals represent all pages of the Shipping Manifest.

USA Supplier SHIPPING MANIFEST								
Date: 08/01/00						Page 1		
From: USA Supplier Charlotte, NC 28217				Master Bill of Lading #: 12345678901234567				
Carrier Name: American				Ship To: Customer C/O A. Consolidator 2222 Lake Shore Long Beach, CA 91104				
				CID #:				
Special Instructions: Fax copy of manifest to third party provider at 204-331-1234								
STORE #	CITY/STATE	DEPT. #	CUSTOMER ORDER NUMBER	CTNS	WGHT	CUBE	BILL OF LADING NUMBER	
1001	Glendale DC Stores						05678900000023456	
001	Los Angeles, CA	020	1234567-500	10	10	20		
002	Anaheim, CA	020	1234567-501	20	10	40		
003	Los Angeles, CA	020	1234567-502	10	5	20		
004	Los Angeles, CA	020	1234567-503	30	6	30		
005	Los Angeles, CA	020	1234567-504	10	10	20		
006	Los Angeles, CA	020	1234567-505	10	2	20		
007	San Diego, CA	020	1234567-506	10	2	20		
008	San Diego, CA	020	1234567-507	20	10	40		
009	San Diego, CA	020	1234567-508	20	10	40		
010	San Diego, CA	020	1234567-509	10	2	20		
			Total 1001 DC	150	67	270		
2001	Hayward DC Stores						05678900000033451	
011	San Francisco, CA	020	1234567-510	20	10	40		
012	San Francisco, CA	020	1234567-511	20	10	40		
013	San Francisco, CA	020	1234567-512	30	6	60		
014	San Francisco, CA	020	1234567-513	10	2	20		
015	San Francisco, CA	020	1234567-514	20	10	40		
030	Sacramento, CA	020	1234567-515	20	10	40		
031	Sacramento, CA	020	1234567-516	30	6	60		
032	Sacramento, CA	020	1234567-517	30	6	60		
033	Sacramento, CA	020	1234567-518	10	10	20		
			Total 2001 DC	190	70	380		
Grand Totals:					750	457	1270	

TL 204 (4030) Load Tender		BILL OF LADING			Page 1					
SHIP FROM					Bill of Lading Number: B204 (Note: The B204 must be a unique number that identifies the entire shipment.) BAR CODE SPACE					
Name: N1 01(SF), 02		LOCATION#: N1 04								
Address: N301										
City/State/Zip: N4 01, 02, 03		<i>Loop 0300</i>								
SID#: L11 01, 02		FOB: <input type="checkbox"/>								
SHIP TO					CARRIER NAME: Trailer number: N702, 11 <i>Loop 0200</i> Seal number(s): SCAC: B202 Pro number: BAR CODE SPACE					
Name: N1 01(ST), 02		LOCATION#: N1 04								
Address: N301										
City/State/Zip: N401, 02, 03		<i>Loop 0300</i>								
SID#: L1101, 02		FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:					Freight Charge Terms: B206 Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading Note: Use additional S5 Loops to convey intermediate stop-off ship from/to information.					
Name: N101(BT), 02										
Address: N301		<i>Loop 0100</i>								
City/State/Zip: N401, 02,03										
SPECIAL INSTRUCTIONS: <i>Loop</i> G61-Contact Name and Number G62- Pickup/Delivery Appointments AT5-Special Handling NTE-Note/Special Description										
CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
OID02		OID05	OID07	<input type="checkbox"/> Y	<input type="checkbox"/> N	OID01, 03				
<i>Loop 0350</i>				<input type="checkbox"/> Y	<input type="checkbox"/> N					
				<input type="checkbox"/> Y	<input type="checkbox"/> N					
				<input type="checkbox"/> Y	<input type="checkbox"/> N					
GRAND TOTAL										
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY		
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>		NMFC #	CLASS	
AT804				AT803		L502		AT209	AT210	
<i>Loop 0300</i>						<i>Note: If conveying Hazardous Materials use loop 0325</i>				
							RECEIVING STAMP SPACE			
L311				L301		GRAND TOTAL				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					COD Amount: \$ _____ The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature					
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Appendix F: VICS BOL Mapping To The Carrier EDI 204, 211, 214 and 210

LTL 211 (4030) Bill of Lading				BILL OF LADING				Page 1					
SHIP FROM						Bill of Lading Number: BOL 03 (Note: The BOL 03 must be a unique number that identifies the entire shipment.) BAR CODE SPACE							
Name: N1 01(SH), 02		LOCATION#: N1 04		Address: N3 01						City/State/Zip: N4 01, 02, 03		Loop 0100	
SID#: Use BOL 03		FOB: <input type="checkbox"/>											
SHIP TO										CARRIER NAME: Trailer number: Seal number(s): SCAC: BOL 01 Pro number: BOL 06 BAR CODE SPACE Freight Charge Terms: BOL 02 Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
Name: N1 01(CN), 02		LOCATION#: N1 04		Address: N3 01		City/State/Zip: N4 01, 02, 03		Loop 0100					
SID#: Use OID 02		FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:													
Name: N1 01(BT), 02		Address: N3 01		City/State/Zip: N4 01, 02, 03		Loop 0100							
SPECIAL INSTRUCTIONS: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>G61-Contact Name and Number Loop 100</p> <p>G62- Delivery Appointments Table 1 Header</p> <p>AT5-Special Handling Table 1 Header</p> </div> <div style="width: 45%; text-align: right;"> <p>K1 -Note/Special Description Table 1 Header</p> </div> </div>													
CUSTOMER ORDER INFORMATION													
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO						
OID 02			OID 05	OID 07	Y	N	OID 01, 03						
Loop 0210					Y	N							
					Y	N							
					Y	N							
GRAND TOTAL													
CARRIER INFORMATION													
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			LTL ONLY				
QTY	TYPE	QTY	TYPE						NMFC #	CLASS			
									AT2 09	AT2 10			
AT201	AT202	AT206	AT207	AT205		AT4 01							
Loop 0210							Note: If conveying Hazardous Materials use loop 0231						
RECEIVING STAMP SPACE													
GRAND TOTAL													
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.						COD Amount: \$ _____ The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.							
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.						Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			
						<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces					

If these boxes checked use AT502 (C1, C2, L1)

TL 214 (4030) Shipment Status		BILL OF LADING		Page 1				
SHIP FROM				Bill of Lading Number: B1002 BAR CODE SPACE				
Name: N101(SF), 02		LOCATION#: N104						
Address: N301		City/State/Zip: N401, 02, 03						
SID#: L1101, 02		FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: Trailer number: MS201,02,03 Seal number(s): SCAC: B1003 Pro number: B1001 BAR CODE SPACE				
Name: N101(ST), 02		LOCATION#: N104						
Address: N301		City/State/Zip: N401, 02, 03						
SID#: L1101, 02		FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading; with attached underlying Bills of Lading. Note: Use additional LX Loops to convey intermediate stop-off status information or send as a separate status.				
Name:								
Address:								
City/State/Zip:				SPECIAL INSTRUCTIONS:				
SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
				Y N				
OID02		OID05	OID07	Y N		OID03		
				Y N				
				Y N				
GRAND TOTAL				Y N				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC #	CLASS
AT804				AT803				
RECEIVING STAMP SPACE								
GRAND TOTAL								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE					Signature		Shipper	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
					CARRIER SIGNATURE / PICKUP DATE			Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

If these boxes checked use AT502 (C1, C2, L1)

AT701(X3), AT705=Date

Appendix F: VICS BOL Mapping To The Carrier EDI 204, 211, 214 and 210

TL 210 (4020) FREIGHT BILL				BILL OF LADING				Page 1							
SHIP FROM															
Name:		N102				N101 ='SH'		Bill of Lading Number: N901=MB, N902 or B303							
Address:		N301		(all Loop 0100)				B303 = A unique <u>Shipment Identification Number</u> must be assigned that identifies the entire shipment.							
City/State/Zip:		N401, N402, N403				N101 ='CN or ST'									
SID#:		N901, N902 or B303				FOB: <input type="checkbox"/>									
SHIP TO															
Name:		N102		LOCATION#:		N104		CARRIER NAME:							
Address:		N301		N103 Defined by trading partners.				Trailer number: N702, N711 (Loop 0200)							
City/State/Zip:		N401 / N402 / N403		(all Loop 0310)				Seal number(s): M701, M702, M703, M704							
SID#:		N901, N902				FOB: <input type="checkbox"/>		SCAC B311							
THIRD PARTY FREIGHT CHARGES BILL TO															
Name:		N102				N101 ='BT'		Pro number:							
Address:		N30		(all Loop 0100)				BAR CODE SPACE							
City/State/Zip:		N401 / N402 / N403						Freight Charge Terms: B304							
SPECIAL INSTRUCTIONS:								Prepaid _____		Collect _____		3 rd Party _____			
G62 Date/Time K1 Remarks								<input type="checkbox"/>		Master Bill of Lading: (with attached underlying Bills of Lading)					
								(check box)		To transmit intermediate stop off detail use detail loop 0300 segments S5, N9, N1-N4 (loop 0310).					
CUSTOMER ORDER INFORMATION															
CUSTOMER ORDER NUMBER			# PKGS		WEIGHT		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO						
							Y N								
							Y N								
							Y N								
							Y N								
							Y N								
GRAND TOTAL															
CARRIER INFORMATION															
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		LTL ONLY					
QTY	TYPE	QTY	TYPE					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		NMFC #	CLASS				
		L008	L009	L004				L502							
		Loop 0300						Loop 0400							
RECEIVING STAMP SPACE															
								S505		S503		GRAND TOTAL			
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."								COD Amount: \$ _____							
								Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>							
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).															
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.								The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.							
SHIPPER SIGNATURE / DATE								Signature		Shipper					
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.								Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE			
								<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		B312 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			