



01784 460666

FAX NUMBER : 01784 463282

LOGISTIC FREIGHT SERVICES LTD

REFERENCE

Geet

COLLECTION	DRIVER	DELIVERY	DRIVER
	<i>RD</i>	<i>/</i>	<i>RD</i>

CONTACT

COMPANY	COMPANY
<i>GSK</i>	<i>Quick Start</i>

ADDRESS

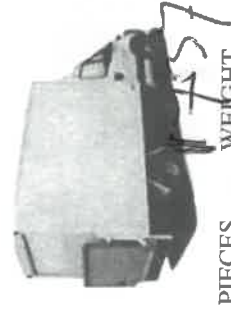
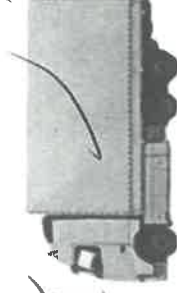
THIRD AVENUE
Clonbrook
Preston RD

POSTCODE	POSTCODE
<i>CM19 5AW</i>	

WAITING TIME	WAITING TIME
	<i>[Signature]</i>

SIGNATURE	PRINT NAME
	<i>CHL HARDE</i>

Comments





PIECES	WEIGHT
<i>6</i>	<i>1757</i>

DATE/TIME
<i>16.06.20</i>

WWW.LFSLIMITED.CO.UK



EMAIL: GENERAL@LFSLIMITED.CO.UK

4777

		United Kingdom Phone +44 (0) 20 8757 7590 Fax +44 (0) 20 8757 7597 email statops@quick.co.uk France Phone: +33 1 709 12737		192231276W  * 1 9 2 2 3 1 2 7 6 W *	
Bill Shipper Acct No. UK12616		Shippers Reference 11584829 TC PROJECT		Bill Consignee Acct No. Bill Other Acct No. Cost Center	
Collection Address Agent Date Time		Delivery Address Agent Date Time			
ALMAC CLINICAL SERVICES ALMAC 9 CHARLESTOWN ROAD SEAGOE INDUSTRIAL ESTATE CRAIGAVON BT63 5PW UNITED KINGDOM 02838362436		GLAXOSMITHKLINE, BUILDING H92 THIRD AVENUE HARLOW, ESSEX CM19 5AW UNITED KINGDOM ATTN: ROY RICHARDSON PHONE: +4412796333069			
Description/Commodity CLINICAL SUPPLIES		Pcs. 6		Wgt 1737.2 kg dim: 1944	
				Insurance 0.00 GBP Customs 0.00 GBP	
Shipper certifies that the commercial value, nature of the goods, and content are true and correct, assumes responsibility for charges and agrees to conditions.					
Special Instructions Delivery: COURIER DO NOT BREAK DOWN PALLETS. K00775, K00929, K00712, K00928, K01701, K01398. PLEASE ENSURE VIP SYSTEM IS RE-COLLECTED UPON DELIVERY		Please complete security endorsement I certify that this shipment does not contain any unauthorized explosive or destructive devices or hazardous material. I consent to a search of this shipment. I am aware that this endorsement & original signature along with other shipping docs will be retained on file until the shipment is delivered. <input checked="" type="checkbox"/> Agent check box if inspected			
Shipper's Signature Date and Time		Consignee's Signature Received in good condition except as noted Date and Time		Shipper's signature _____ Date _____ First ID Type _____ Second ID _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Number _____	

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Thomas Sparkes

20-8-20 14:35

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