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		Dallas (972) 869-9933 (800) 659-4339 Chicago (312) 243-9797 (800) 473-4673 Los Angeles (310) 414-9211 (800) 788-4529 Stat (718) 995-3616 (800) 856-7828 New York (718) 995-3616 (800) 488-4400 U.K. +44 20 8757 7500		192270161C  * 1 9 2 2 7 0 1 6 1 C *	
Bill Shipper Acct No. LHRVP		Shippers Reference 192270161C		Bill Consignee Acct No.	
Bill Other Acct No.		Cost Center			
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time			
QUICK INTL COURIERS WILL MEAKINS UNIT 1 & 2 PRESCOTT ROAD COLNBROOK SLOUGH COLNBROOK, BERKS SL3 0AE UNITED KINGDOM 011-44-208757-7500		PCI PHARMA SERVICES PCI 2-3.UNIT 2100 WESTERN AVENUE BRIDGEND INDUSTRIAL ESTATE BRIDGEND CF31 3TY UNITED KINGDOM ATTN: PHONE:			
Description/Commodity EMPTY KITS		Pcs. 22	Wgt 376 kg dim: 376	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance	Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper <input type="checkbox"/>
				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		In compliance with Part 109, please complete security endorsement I certify that this shipment does not contain any unauthorized explosive or destructive device; 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. X			
Shipper's Signature		Consignee's Signature		Date	
Date and Time		Received in good condition except as noted		First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	
27 AUG 2020		27 AUG 2020		Second ID _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	

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Date and Time		Received in good condition except as noted		First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	
				Second ID _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	

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		Dallas (972) 869-9933 (800) 659-4339 Chicago (312) 243-9797 (800) 473-4673 Los Angeles (310) 414-9211 (800) 788-4529 Stat (718) 995-3616 (800) 856-7828 New York (718) 995-3616 (800) 488-4400 U.K. +44 20 8757 7500		192270149C  * 1 9 2 2 7 0 1 4 9 C *									
Bill Shipper Acct No. LHRVP		Shippers Reference 192270149C		Bill Consignee Acct No.		Bill Other Acct No.		Cost Center					
PICK-UP		Agent Date Time		DELIVERY INFO. Agent Date Time									
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Description/Commodity EMPTY KITS				Pcs. 53		Wgt 938.5 kg dim: 938.5		<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance		Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper <input type="checkbox"/>		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 <i>Ashley LANDRYGAN</i>						In compliance with Part 109, please complete security endorsement I certify that this shipment does not contain any unauthorized explosive or destructive device; 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. X							
Shipper's Signature		Consignee's Signature <i>A. Landrygan</i>		Date and Time		Date and Time		Shipper's signature		First ID Type		Second ID Type	
		Received in good condition except as noted						Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Agent check box if inspected													

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		Received in good condition except as noted						Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Agent check box if inspected													

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GUEST EXPRESS TRANSPORT LTD

UNIT 2, COLINDALE RD, COLNBROOK, BERKS, SL30HQ
01784 250016 OR INFO@GUESTEX.COM

DRIVER:

DELIVERY NOTE

DATE: 27-8-20

VEHICLE:

V14 SET

OUR REF:

TRAILER:

CUSTOMER REF:

CUSTOMER:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PC1 PHARMA	Quick milk
WESTERN AVE	PRESCOTT RD
BRIDSEND	CORN BROOK
CF31 3TY	

COMMENTS:

WEIGHT:

SIGN:

PIECES:

PRINT:

CUBE:

SAM GILBERT

DATE:

27.8.20

TIME: