
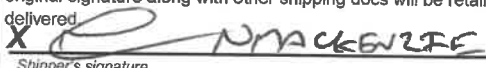



		Dallas (972) 869-9933 (800) 659-4339 Chicago (312) 243-9797 (800) 473-4673 Los Angeles (310) 414-9211 (800) 788-4529 Stat (718) 995-3616 (800) 856-7828 New York (718) 995-3616 (800) 488-4400 U.K. +44 20 8757 7500		191780212C  * 1 9 1 7 8 0 2 1 2 C *	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>191780212C</b>		Bill Consignee Acct No.	
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time		Bill Other Acct No. Cost Center	
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:		2817	
Description/Commodity EMPTY KITS		Pcs. 18		Wgt 334 kg dim: 334	
		<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	
				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 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. 			
Shipper's Signature		Consignee's Signature		Date	
Date and Time		Received in good condition except as noted Date and Time		First ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>	
				Second ID <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>	
<input type="checkbox"/> Agent check box if inspected					

**Copy A**



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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		191780212C  * 1 9 1 7 8 0 2 1 2 C *	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>191780212C</b>		Bill Consignee Acct No.	
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time		Bill Other Acct No. Cost Center	
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. 18		Wgt 334 kg dim: 334	
		<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	
				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 condition.					
Special Instructions		In compliance with Part 109, 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. 			
Shipper's Signature		Consignee's Signature		Date	
Date and Time		Received in good condition except as noted Date and Time		First ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>	
				Second ID <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>	
<input type="checkbox"/> Agent check box if inspected					

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CALL

		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		191780230C  * 1 9 1 7 8 0 2 3 0 C *	
Bill Shipper Acct No. LHRVP		Shippers Reference 191780230C		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. 42	Wgt 784 kg dim: 784	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance <input type="checkbox"/> Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper	
				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 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. X <u>DMACKENZIE</u> <u>09 JUN 2020</u> Shipper's Signature Date			
Shipper's Signature		Consignee's Signature		First ID Type _____ Second ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Number _____ <input type="checkbox"/> Agent check box if inspected	
Date and Time		Date and Time		Received in good condition except as noted	

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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		191780230C  * 1 9 1 7 8 0 2 3 0 C *	
Bill Shipper Acct No. LHRVP		Shippers Reference 191780230C		Bill Consignee Acct No.	
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Description/Commodity EMPTY KITS		Pcs. 42	Wgt 784 kg dim: 784	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance <input type="checkbox"/> Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper	
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Shipper's Signature		Consignee's Signature		First ID Type _____ Second ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Number _____ <input type="checkbox"/> Agent check box if inspected	
Date and Time		Date and Time		Received in good condition except as noted	

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4X PALLET RETURNS  
 Mal Aston  
 9/7/20