

DC: 0589 Target Stores
Address: 3325 ARCHER DR
CHAMBERSBURG, PA 17202

Scac: RBRL
Cons Scac:
Trailer: W93193LIVE
Manifest:
ART Ranking Score:
Appt Comment:

Appt: 322182
Avail Date: 08/07/2025
Sched Date:
Sched Time:
Door:

Num Exp Ctns: 6
Load Type: DROP
Trailerless: N
HV: N
Done:

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Recv	External Dam'g Rcv'd	Returned to Carrier	Prob. Area	Exp #	Comments
523374093	1000/1400580	HASBRO INC	Y	8	6	6					
523374093	1000/1425480	HASBRO INC	Y	12	33	0					
523374093	1000/1426571	HASBRO INC	Y	11	13	0					
523374093	1000/1442712	HASBRO INC	Y	16	365	367					
523374093	1000/1446788	LOGITECH	Y	19	3	3					
523374093	1000/1446998	LOGITECH	Y	14	65	65					
523374093	1000/1447004	LOGITECH	Y	17	44	43					
523374093	1000/1447108	LOGITECH	Y	2	2	2					
523374093	1000/1447458	LOGITECH	Y	5	3	3					
523374093	1000/1447763	LOGITECH	Y	15	286	286					
523374093	1000/1455824	PL DEVELOPMEN	Y	3	21	21					
523374093	1000/1455939	PL DEVELOPMEN	Y	4	18	18					
523374093	1000/1456002	Lornamead	Y	18	148	148					
523374093	1000/1456186	COMBE INC	Y	10	93	93					

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Trailer:	W93193LIVE	Sched Date:		Trailerless:	N
Manifest:		Sched Time:		HV:	N
ART Ranking Score:		Door:		Done:	
Appt Comment:					

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Recv	External Dam'g Rcv'd	Returned to Carrier	Prob. Area	Exp #	Comments
523374093	1000/1456305	PL DEVELOPMEN	Y	7	302	299					1 damaged carton returned
523374093	1000/1456324	COMBE INC	Y	13	107	112					
523374093	1000/1457055	HOOVER CO	Y	9	84	122					
523374093	1000/1457268	IVC	Y	6	178	178					
523374093	0052/6277630	DASHING DIVA		1	21	20					
Totals :					1,792	1786					



Date Mailed to
Consolidator/Carrier: _____

Target
Signature: _____

Date
Unloaded: 8-7-25

Driver Signature: _____

End of Report

Ready By: 08/05/2025		VICS Bill of Lading			
SHIP FROM		Order Number: 1695659946			
Name: TTI Floor Care EDC					
Address: 880 Robinson Rd		CARRIER NAME: ASCEND TRANSPORTATION LLC			
City/ST/Zip: Greer, SC 29651		Trailer Number: 538250			
SHIP TO		Seal Number(s):			
Name: Target DC #0589		SCAC: CHRO			
Address: 3325 Archer Dr		Pro Number: 2316883			
City/ST/Zip: Chambersburg, PA 17202					
Contact: Traffic		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)			
(540) 932-3700		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
SEND FREIGHT BILL TO:		WHSE#: Date:			
Name: C.H. Robinson Worldwide, Inc		FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies			
Address: Billing		PO# 10001457055-0589			
Address 2: P.O. Box 3470		TRL#			
City/ST/Zip: Chicago, IL 60654		TOT CS REC'D			
Order #: 1695659946		TOT Pallets /			
Bill To Ref #: 24228994		REASON TOTAL CASES REJECTED			
Load #: 523248059		REC#			
SPECIAL INSTRUCTIONS: T0589125/2719		REC'D BY			
DELIVERY STAMP MUST INCLUDE DATE AND TIME Reach out to Target with any delivery errors/issues targetscheduling@ryder.com and inbound.scheduling@target.com Must deliver within provided window DELIVERY APPOINTMENT REQUIRED FOR LTL AND TL - Must schedule using RYDER ONLINE DC SCHEDULER LTL CARRIERS MUST SCHEDULE OWN APPOINTMENT Confirmed by CHR - Any issues reach out to Bryan Reinhardt@chrobinson.com TARGET DISP REQUIRED ON FOR LTL LOADS ALL TL AND LTL		Did Driver Help Unload: Y N			
CUSTOMER ORDER INFORMATION					
PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION	
10001457055-0589	123	2,298	5	24228994	
GRAND TOTAL	123	2298	5		
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
5	Eaches	84	Eaches	PAWS & CLAWS 64 OZ	48580 70
5		84		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. B 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. PackList Included: Y ___ N ___ Drivers initials _____				The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges. Agent for Shipper _____	
SHIPPER SIGNATURE/DATE This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. (Signature) _____ (Date) _____		Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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 information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____	

Ray
404-652-9911

TARGET
T589 Signature *BEY*
07 AUG 2025
Location G-10 Appt # 322182
This stamp is NOT proof of delivery