

METHOD OF PACKING	DESCRIPTION (SAID TO CONTAIN)	VOLUME (CMS \ Inches)	NO. OF PIECES	CHARGES	FREIGHT
BOX	ELECTRICS ITEMS		3	FREIGHT	
			ACTUAL WEIGHT	TO PAY CHARGES	
INVOICE NO. & DATE	E-WAYBILL NO	AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy		RISK CHARGE	
			D/C		
EI62135305		POLICY NO DATE INSURANCE COMPANY INSURED VALUE	25.000	DOD/COD CHARGES	
01/04/2023			CHARGED WEIGHT	HANDLING CHARGES	
VALUE DECLARED (Rs.)		ADD. SERVICES	25.000	OSC	
				FUEL SURCHARGE	
				FUEL TOTAL	
5,054.00	Expected Delivery Date 04/04/2023	DACC ? COD ? DOD ?		GRAND TOTAL	
				GSTIN to be paid by	
				<input type="checkbox"/> Consignor	<input type="checkbox"/> Consignee
RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS		SPECIAL INSTRUCTIONS		I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery.	
SIGN.	STAMP			NAME	
NAME		<input type="checkbox"/> LIMITED TO RS 1000/-ONLY		RECEIVED BY METROPOLIS LOGISTICS PVT LTD	
PHONE		<input type="checkbox"/> WE CARRY UNDER CARRIER'S ACT		DATE & TIME	
				BOOKING INCHARGE	

<div><div><div>Metropolis Logistics</div><div>On Time - Everytime</div></div><div><div>Metropolis Logistics Pvt Ltd</div><div>K2-832,KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Email: GSTIN No.: 07AAHCM7482L1ZU</div></div></div>	Payment Mode	Transport Mode	<div><div>Image not found or type is</div><div></div><div>SHIPPING DATE : 01.04.2023</div></div>
	CREDIT	COURIER	

ORIGIN		BILASPUR HARYANA		DESTINATION		AHMEDABAD	
BILL TO: EXPEDITORS INTERNATIONAL INDIA (C01869) BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO 62 SEC-44 GURGAON-122003 HR GURUGRAM-122003			SENDER: EXPEDITORS INTERNATIONAL INDIA BSP BILASPUR HARYANA-122413 STATE NAME: HARYANA CODE: 06		SHIP TO: SELF AMD AHMEDABAD-382415 STATE NAME: GUJARAT CODE: 24 GSTIN No.:		
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EI62135305			POLICY NO DATE INSURANCE COMPANY INSURED VALUE	25.000	DOD/COD CHARGES		
01/04/2023				HANDLING CHARGES			
VALUE DECLARED (Rs.)			ADD. SERVICES	CHARGED WEIGHT	OSC		
					FUEL SURCHARGE		
					FUEL TOTAL		
5,054.00	Expected Delivery Date 04/04/2023		DACC ? COD ? DOD ?	TOPAY AMOUNT MR NO. DATE	GRAND TOTAL		
					GSTIN to be paid by		
					<input type="checkbox"/> Consignor <input type="checkbox"/> Consignee <input type="checkbox"/> Transporter		
RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS			SPECIAL INSTRUCTIONS		I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery.		
SIGN.		STAMP				NAME	
NAME						CONSIGNOR'S SIGN	
PHONE						RECEIVED BY METROPOLIS LOGISTICS PVT LTD	
				DATE & TIME		BOOKING INCHARGE	