Developed By:Catalyst Soft Tech Phone:858888154

## **Metropolis Logistics Pvt Ltd**

**Transport Payment** Mode Mode

**COURIER** 



SHIPPING DATE: 27-05-2023

METITION S LOGISTICS K2-832, KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Email: GSTIN No.: 07AAHCM7482L1ZU

ORIGIN	LUCKNOW	DESTINATION	GOPALGAN

**BILL TO: EXPEDITORS INTERNATIONAL INDIA** (C01869)

BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO 62 SEC-44 GURGAON-122003 HR

SENDER: EXPEDITORS INTERNATIONAL INDIA

BSP

BILASPUR HARYANA-122413

SHIP TO: SELF

AMD

**CREDIT** 

GURUGRAM-122003 STAT			ME: HARYANA CODE: 06			STATE NAME: GUJARAT CODE: 24 GSTIN No.:			
METHOD OF PACKING DESCRIPTION (SAID TO CONTA			AIN) VOLUME (CMS \ Inches)		NO. OF PIECES		CHARGES	FREIGHT	
	ATM MACHINE				20		FREIGHT		
BOX							TO PAY CHARGES		
					ACTUAL WEIGHT		RISK CHARGE		
							D/C		
INVOICE NO. & DATE	E-WAYBILL NO			AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy		404	DOD/COD CHARGES		
561651 , 454545				POLICY NO DATE		131	HANDLING CHARGES		
27/05/2023 , 23/05/2023 15165 , 15165			INSURANCE COMPANY		CHA	RGED WEIGHT	osc		
			INSURED VALUE				FUEL SURCHARGE		
VALUE DECLARED (Rs.)		ADD. SERVICES		131321	FUEL TOTAL				
	TALOE DEGLARED (RG.)			1			GRAND TOTAL		
						GSTIN to be paid by			
300.0000	Expected Delivery Date 04/06/2023	COD DOD	?	TOPAY AMOUNT MR NO. DATE		Consignor	Consignee	Transporter	
						I/we hereby to the terms and condition setout on the reverse of this Consignor			
RECEIVED ABOVE SHIPMENT IN	ons	SPECIAL INSTRUCTIONS			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					NAMI			CONSIGNOR'S SIGN	
NAME			☐ LIMITED TO RS 1000/-ONLY ☐ WE CARRY UNDER CARRIER'S ACT		NAME		RECEIVED BY METROPO	DLIS LOGISTICS PVT LTD	
PHONE					DATE	& TIME		BOOKING INCHARGE	

CONSIGNOR COPY



Developed By:Catalyst Soft Tech Phone:858888154

## **Metropolis Logistics Pvt Ltd**

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**Payment Transport** Mode Mode



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**DESTINATION ORIGIN LUCKNOW GOPALGANJ** 

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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

**CREDIT** 

AHMEDABAD-382415

GURUGRAM-122003			STATE	NAME:	HARYANA CO	JDE: 06		STATE NAME: GU GSTIN No.:	JARAT CODE: 24	
METHOD OF PACKING DESCRIPTION (SAID TO CONTA				AIN)	N) VOLUME (CMS \ Inches)			O. OF PIECES	CHARGES	FREIGHT
BOX ATM MACHI		ATM MACHI	INE					20	FREIGHT TO PAY CHARGES	
								TUAL WEIGHT	RISK CHARGE D/C	
INVOICE NO	INVOICE NO. & DATE E-WAYBILL NO				AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy			131	DOD/COD CHARGES	
561651 , 454545					POLICY NO DATE			131	HANDLING CHARGES	
27/05/2023 , 23/05/20	7/05/2023 , 23/05/2023			INSURANCE COMPANY INSURED VALUE		CHA	ARGED WEIGHT	osc		
	,			INSURED VALUE				FUEL SURCHARGE		
VALUE DECL	.ARED (Rs.)				ADD. SERVICES			131321	FUEL TOTAL GRAND TOTAL	
						TOPAY AMOUNT MR NO. DATE	GSTIN to be paid by			
300.0000		Expected Delivery Date 04/06/2023		ACC? OD? OD?				Consignor	Consignee	Transporter
		0 1/0 0/2020					I/we hereby to the terms and condition setout on the reverse of this Consigno copy and declare that contents of this way bill are true and correct. the to-pa			
RECEIVED ABO	RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS			SPECIAL INSTRUCTIONS			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							_		00101010010 000	
NAME			□ LIN	NAME CONSIGN  IMITED TO RS 1000/-ONLY  NAME RECEIVED BY METROPOLIS LOGISTI			CONSIGNOR'S SIGN DLIS LOGISTICS PVT LTD			
PHONE			□ WE	CARRY UND	ER CARRIER'S ACT	DATE	& TIME		BOOKING INCHARGE	



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BSP

BILASPUR HARYANA-122413 STATE NAME: HARYANA CODE: 06 SHIP TO: SELF

AMD

**CREDIT** 

AHMEDABAD-382415

GURUGRAM-122003			STATE	NAME:	HARYANA CO	JDE: 06		STATE NAME: GU GSTIN No.:	JARAT CODE: 24	
METHOD OF PACKING DESCRIPTION (SAID TO CONTA				AIN)	N) VOLUME (CMS \ Inches)			O. OF PIECES	CHARGES	FREIGHT
BOX ATM MACHI		ATM MACHI	INE					20	FREIGHT TO PAY CHARGES	
								TUAL WEIGHT	RISK CHARGE D/C	
INVOICE NO	INVOICE NO. & DATE E-WAYBILL NO				AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy			131	DOD/COD CHARGES	
561651 , 454545					POLICY NO DATE			131	HANDLING CHARGES	
27/05/2023 , 23/05/20	7/05/2023 , 23/05/2023			INSURANCE COMPANY INSURED VALUE		CHA	ARGED WEIGHT	osc		
	,			INSURED VALUE				FUEL SURCHARGE		
VALUE DECL	.ARED (Rs.)				ADD. SERVICES			131321	FUEL TOTAL GRAND TOTAL	
						TOPAY AMOUNT MR NO. DATE	GSTIN to be paid by			
300.0000		Expected Delivery Date 04/06/2023		ACC? OD? OD?				Consignor	Consignee	Transporter
		0 1/0 0/2020					I/we hereby to the terms and condition setout on the reverse of this Consigno copy and declare that contents of this way bill are true and correct. the to-pa			
RECEIVED ABO	RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS			SPECIAL INSTRUCTIONS			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							_		00101010010 000	
NAME			□ LIN	NAME CONSIGN  IMITED TO RS 1000/-ONLY  NAME RECEIVED BY METROPOLIS LOGISTI			CONSIGNOR'S SIGN DLIS LOGISTICS PVT LTD			
PHONE			□ WE	CARRY UND	ER CARRIER'S ACT	DATE	& TIME		BOOKING INCHARGE	