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HI-WAY G Express-Ltd.	_ Dr	RUMHELLE PHONE 1	BOX 2020 ER, AB T0J 0Y0 (800) 622-5800 R 102366648		REF. # DATE										
TO CONSIGNEE				2 FROM SH				3							
ADDRESS					ADDRESS								BARCODE PLACEMENT		
CITY	PROVINCE POSTAL CODE			CODE	CITY PROVINCE PI						POSTAL	. CODE	P	_AUL	141-
( ) -	) - TELEPHONE				( )-										
INTERLINE			SPECIAL NOTAT	IONS											
NUMBER AND TYPE OF PKGS.	D.G.	PARTICU	JLARS OF GOODS, MAI	RKS AND	EXCEPTIONS	W	EIGHT	QU	QUALITY FLOW SYSTEM						
						KG	LB		CHKR INIT	UNIT #		PIECE	FRI	IGHT C	HARGES
								UNLOAD BY						LECT	PREPAID will be collect
А								RELOAD BY					u	nless marke Quotati	d prepaid.
4			5				0	UNLOAD BY					Q		
								RELOAD BY					C.(	D.D. SHII	PMENTS
								EXCEPTIONS				CHKR	AMOUNT	\$	10
												. INIT	C.O.	D. FEE LECT	C.O.D. FEE PREPAID
													DEC	ARED V	ALUATION
TOTAL NO. OF DIFOSO	DIMENS	SION OF SHIP	DMENT	ТОТА	L CUBIC FEET	TOTAL W	VEIOUT						\$		11
TOTAL NO. OF PIECES	DIWIENC	51014 01 01111	IVILIVI	loin	AL GODIO I LLI	TOTAL W	VEIGHT						In the event of a declared valuation lesser of:	iny loss or da n is noted, the	mage whatsoever, unless a carrier shall be liable for the
UNCRATED M	ERCHA	NDISE CA	ARRIED AT		ı			FECTS TO					(i) \$2.00 per po lost or, (ii) the actual val		ght of the item damaged or
OWNERS RISK OF DAMAGE  MARK WITH "X" TO DESIGNATE DANGEROUS GOODS AS DEFINED IN THE DEPARTMENT OF TRANSPORTATION REGULATIONS.								CHARGES							
CLASS		PI	IN		PG								RATE	1:	3
PLACARDS REQUIRED	IBEK KEQ	UIRED ON AL	L DANGEROUS GOOD	SHIPM	IENI. PH.			PLAC	ARDS SUP	PLIED			COD		
YES NO TYPE OF PLACARD: YES NO										OTHER					
NOTICE OF CLAIM  a) No carrier is liable for loss, dar													GST		
goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods, in the case of failure to make delivery, within (9) months from the date of shipment.								TOTAL							
b) The final statement of the claim	n must be		ine (9) months from the	e date of	shipment togeth			-	ill.		DEL 11/15	D) (	TUTAL		
SHIPPER SIGNATURE 14		PICKUP DRIVER	15		UNIT		CONSIGN	RE	6		DELIVE		17		UNIT
PRINT NAME PER		DATE		TIME			PRINT NA	AME			DATE			TIME	