

# Delivery Receipts

B-04

LME Delivery Receipts – Full Page Format since 2014

The first DR pulled on a particular shipment will print with "Original DR" printed on the very top. Any copies of the DR pulled after the original is printed, will show "DR # 1", "DR # 2" and up from there to show how many times a DR has been printed for that particular shipment.

IT IS CRITICAL THAT THE DR IS COMPLETELY AND ACCURATELY FILLED OUT AT THE POINT OF DELIVERY (NOT BEFORE). STOP TIMES (IN & OUT), PLTS & LOOSE PCS DEL'D, S/W INTACT OR NOT, NOTE ANY DELAY & LEGIBLE DRIVER SIGN OFF. ADDITIONAL SERVICES PERFORMED CLEARLY NOTED & CHECKED, ANY DELIVERY EXCEPTION NOTES CLEARLY WRITTEN & LEGIBLE CUSTOMER SIGN OFF.

<b>LME</b> 530 County Road D W New Brighton, NY 11512 www.lme-ny.com 800-888-4848 SCAC: LME		Date: 7/25/14 Page: 1 Terms: PREPAID	
Consignee: 159786 CRUM ELECTRIC SUPPLY CO 1255 E CHICAGO ST RAPID CITY SD 57701		Shipper: 78956 MILEANK MFG CO 1601 S SAINT LOUIS ST OSKOCORITA MO 64020	
Special Instructions: 112393 PO# 384877		BL# 112393 PO# 384877	
Trailer # BAMP	O SCAC BAMP	O Carrier Pro # and Date KC748873 07/25	O SCAC BAMP
Hdg Units 1	Hdg 1	Description of Articles 1 SWP ELECTRICAL ENCLOSURES 605-342-8830 X:48:128 P:27:73:66105 00001 SWP, 00000 PLT, 00000 LOOSE	Class 298
Customer to sign off for freight received and any Additional Services Performed. As well as, any notes regarding shipment.			
SHIPMENT DUE DATE 7/30		SHIPMENT DUE DATE 7/30	
SAH-*** DPGAS 110414		SAH-*** DPGAS 110414	
Date 7/25/14		Seal # 110414	
SKids Del 1		Pcs Del 1	
Strapping Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Signature _____	
Time In _____		Time Out _____	
Delay Time (in min) _____		Driver Signature _____	
Print Name CUSTOMER COPY		Signature *****	
Company Name *****		Company Name *****	

Additional Services Performed (Additional Charges May Apply):

- ☐ Index Delivery
- ☐ Residential Delivery
- ☐ Non Commercial Delivery
- ☐ Security Inspection
- ☐ Non-Safe Delivery
- ☐ Urgent
- ☐ Consignee's Sign
- ☐ Seal & Signature
- ☐ Limited Access
- ☐ Hard Unload

Customer's copy identified by "Customer Copy" shows in field where customer would sign for freight received (shown below).



Delivering Driver to insure that the Consignee fills out the field titled "ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED BELOW". Any delivery exceptions need to be noted on LME's / Driver's copy of the Delivery Receipt and Consignee's copy by the receiving person. Delivery Exceptions must be clear & specific; describe exact nature of damage and describe exactly what item is short or being refused (Model Numbers, Part Numbers, Parcel ID Numbers, etc)

<b>ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED BELOW</b>	<b>Additional Services Performed</b> <small>(ADDITIONAL CHARGES MAY APPLY)</small>		
Print Name _____ Signature _____ Company Name _____ Notes _____ _____ _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Inside Delivery  <input type="checkbox"/> Residential Delivery  <input type="checkbox"/> Non-Commercial Delivery  <input type="checkbox"/> Security Inspection  <input type="checkbox"/> Non-Dock Delivery                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Uptime  <input type="checkbox"/> Construct Site  <input type="checkbox"/> Sun &amp; Seepage  <input type="checkbox"/> Limited Access  <input type="checkbox"/> Hand Unload                         </td> </tr> </table> <p style="font-size: small;">Above checked services accepted by signed receiving party</p>	<input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Non-Commercial Delivery <input type="checkbox"/> Security Inspection <input type="checkbox"/> Non-Dock Delivery	<input type="checkbox"/> Uptime <input type="checkbox"/> Construct Site <input type="checkbox"/> Sun & Seepage <input type="checkbox"/> Limited Access <input type="checkbox"/> Hand Unload
<input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Non-Commercial Delivery <input type="checkbox"/> Security Inspection <input type="checkbox"/> Non-Dock Delivery	<input type="checkbox"/> Uptime <input type="checkbox"/> Construct Site <input type="checkbox"/> Sun & Seepage <input type="checkbox"/> Limited Access <input type="checkbox"/> Hand Unload		

Delivering Driver must fill out this field completely & accurately at the point of delivery: Do Not pre-sign DRs

- ☐ Date
- ☐ Seal # - if applicable
- ☐ Skids Del (skids delivered)
- ☐ Pcs Del (loose pieces or freight other than pallets delivered)
- ☐ Shrink wrap Intact? (must check one of the boxes)
- ☐ Time In & Time Out fields
- ☐ Delay Time
- ☐ Driver Signature
- ☐ ADDITIONAL SERVICES PERFORMED (ACCESSORIALS) clearly checked and any additional notes written in.

Date _____	Seal # _____
Skids Del _____	Pcs Del _____
Shrinkwrap Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Time In _____	Time Out _____
Delay Time (in min) _____	
Driver Signature _____	