

255 Courtneypark Dr. W. Mississauga, ON L5W 0A5 http://www.roguedelivers.com

SHIPPER   EXPÉDITEUR	BILL TO   FACTURÉ Á	FREIGHT BILL NO.   NO	FACTURE FRET						
Mount Sinia Hospital									
boo university ave		DATE							
Toronto MSG IXS		Dec 8	, 15						
CONSIGNEE   CONSIGNATAIRE		SHIPPER REFERENCE   RI	FÉRENCE D'EXPÉDITION						
Johnson and Johnson									
200 lihitehan dviv									
Markham L3R 075		COLLECT/PREPAID   COL	LECTE/PRE-PAYE						
PCS/SKIDS DESCRIPTION	ì		WEIGHT (lbs)						
PALETTES			POIDS						
2			25						
TAILGATE AFTER HOURS APRÈS LES HEURE	S PATIENT À DOMICILE AM DELIVERY 15° - 25	; TIME IN   ARRIVÉE	TIME OUT   DÉPART						
□ HANDBOMB DÉCHARGEMENT MANUEL □ APPOINTMENT RENDEZ-VOUS	NSIDE DELIVERY HEAT 2° - 8°	1'.34	1:01						
RECEIVED IN GOOD CONDITION BY I REÇU EN BON ÉTAT PAR									
SIGNATURE	PRINT NAME   NOM (EN LETTRES MOULÉES)	DATE RECEIVED	DATE DE RÉCEPTION						
Moull	DAVE WEBSTON	Dec	3,5						

Any loss or damage must be noted on probill at time of delivery otherwise consignee's signature will constitute clear receipt and claims will not be honoured. Administration charges of 2% per month (Interest of 26.88% per year) compounded monthly on all past due accounts.

Toutes pertes ou dommages doivent être notés sur la feuille d'expédition au moment de la livraison, sinon, la signature du destinataire constituera une preuve de réception claire et aucune revendication ne sera pas acceptée. Des frais d'administration de 2% par mois (de 26,88% par année) composés mensuellement seront chargés sur tous les comptes en souffrance

CUSTOMER SERVICE | SERVICE À LA CLIENTÈLE: 1-800-388-5143



255 Courtneypark Dr W Mississauga, ON L5W 0A5 Tel: 905-362-9401 Toll free: 800-388-5143 Fax: 905-362-9435

Date

Customer Reference No./ N° de référence du client

3936434

Rogue Reference No. Nº de référence de Rogue

1665987

## **BILL OF LADING**

8-Dec-15

Shipper (Name and Address) / Expéditsur (Nom et adresse)		Consignee (Na	Consignee (Name and Address) / Destinataire (Nom et adresse)						
MOUNT SINAI HOSPITAL 600 UNIVERSITY AVE Toronto, ON M5G1X5			200 Whit	Johnson & Johnson - DePuv 200 Whitehall Dr. Markham, ON L3R0T5					
BIII To / Facturer &:			Service Type	Service Type / Type do service: Same Day (J&J)					
Reference No. / Nº de référence:			Equipment Ty	Equipment Type / Type d'équipement:					
Number of Pieces Nombre de colis			Sescription	cription					
3 Pieces				. <u></u>				25 Lbs	
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7774.0				*					
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	▲ TOTAL PI	ECES		•	<del></del>		TOTAL WEIGHT		
	NOMBRE	TOTAL DE COL	\$				POIDS TOTAL		
Dangerous Goods Prepaid Collect Port payó Prent dù			Heated Service Camion chauffé		\$	Declared Value / Valeur declarée \$			
Special Instructions / Instructions apéciales 802028, ART36, 802032 - IMPLANTS FOR EACH SET AND TRIAL HEADS FOR EACH SET. PLEASE ALSO SEE SPECIAL DELIVERY NOTES									
RECEIVED AT THE POINT OF ORIGIN SPECIFIED ABOVE. FROM THE CONSIGNOR MENTIONED HEREIN, THE PROPERTY HEREIN DESCRIBED, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGE UNDIGONAL), MARKED, CONSIGNED AND DESTINATON OF PACKAGE UNDIGONAL, MARKED, CONSIGNED AND DESTINATON OF THE CARRIER OF DESTINATION OF THE RATES AND CLASSIFICATION IN EFFECT ON THE DATE OF SHOPMENT. IN SMUTUALLY AGREED, AS TO EACH CARRIER OF ANY OF THE GOODS OVER ALL OR ANY PORTION OF THE ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF THE GOODS, THAT EVERTY SETVICE TO BE PERFORMEND HEREUNDER SHALL BE SUBJECT TO THAT CONDITIONS NOT PROHIBITED BY LAW, WHETHER PRINTED OR WRITTEN, INCLUDING CONDITIONS ON THE BACK HEREOF, WHICH ARE HEREEN AGREED TO BY THE CONSIGNOR AND ACCEPTED FOR HIMSELF AND HIS ASSIGNAL.									
Shipper (Please Print) Expediteur (Écrire lisiblement) Cerrier (Please Print) Transporteur (Écrire lisiblement)			Transporteur (Eartre liablement) Regu appare Consignee (f			pperent Good Order nment en bon état lasse Print) Écrire (Isibiament)			
PER/PAR PER/PA		PER / PAR		PER/PAR	PER/PAR		PER/PAR	PER/PAR	
DATE	DATE		DATE	DATE			DATE		
							TIME IN	TIME OUT	