

DELIVERY RECEIPT**052-9283081****TERMS PREPAID**

PAGE: 1 OF 1

TRAILER 543233

AE 0001



0529283081

AVERITT
THE POWER OF ONE1415 Neal Street • P.O. Box 3145 • Cookeville, TN 38502-3145
1-800-AVERITT • Averitt.com

Consignee

1253504**AMERISOURCEBERGEN**
120 TRANS AIR DR**MORRISVILLE, NC 27560****Contact: William Rodgers****Phone..: 0-919-651-5800****Business hours 8.00 - 16.00****Receiving hours -**

Shipper

0999028

BECTON DICKINSON

BD DISTRIBUTION CENTER

130 FOUR OAKS PKWY

FOUR OAKS, NC 27524

Appointment Information

Appt. 12/15/22, 07:30 TO 08:00

Phone: 000-000-0000

PLS DELIVER BETWEEN

07:30 AND 08:00

ORIGIN	DEST.	DATE	P.O.#	SHIPPER REF #	O SCAC	ORIG. CARRIER FB#	DATE	TH	D SCAC	DEST. CARRIER FB#
RAL	RAL	12/14/22	See below	7115175731				D		

UNITS	HM	DESCRIPTION OF ARTICLES	CLASS	WEIGHT IN LBS	RATE	CHARGES
-------	----	-------------------------	-------	------------------	------	---------

222

RATE INFORMATION

DRVR SIGNED FOR: NS

MEDICAL SUPPLIES

NMFC ITEM 056828-09

RATED AS CLASS 85

FUEL SURCHARGE

Purchase Order number...

055822833

055813894

055818896

055815873

055822834

TOTAL HANDLING UNITS: 3

TOTAL PIECES: 222

1,019

1,019

AE Pro#: 052-9283081

ADDITIONAL SERVICES PERFORMED

<input type="checkbox"/> INSIDE DELIVERY	<input type="checkbox"/> LIFT GATE
<input type="checkbox"/> RESIDENTIAL DELIVERY	<input type="checkbox"/> CONSTRUCTION SITE
<input type="checkbox"/> NON COMMERCIAL DELIVERY	<input type="checkbox"/> SORT AND SEGREGATE
<input type="checkbox"/> DRIVER NOT PRESENT	<input type="checkbox"/> SECURITY INSPECTION
<input type="checkbox"/> CUSTOMER NOT PRESENT	<input type="checkbox"/> SATURDAY DELIVERY

ADDITIONAL CHARGES MAY APPLY

ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED
Receiver Todd Lantz*T. Lantz***THIS IS NOT AN INVOICE**For Customer Service Assistance Call 1-800-283-7488
Liability of Averitt Express is limited to its governing tariffs

TOTAL FREIGHT CHARGES

COLLECT C.O.D. FEE

TOTAL COLLECT DUE

DRC: CASH ☐CHECK ☐

CHECK: AMOUNT:

C.O.D. AMOUNT (IN ADDITION
TO TOTAL SHOWN ABOVE)COD: CASH ☐ CHECK ☐ CHECK TO SHIPPER ☐

CHECK: AMOUNT:

Date: 12/15/22 Seal No.: _____Skids Del: 3 PCS Del: 3STRETCH WRAP INTACT ☒ Yes ☐ No ☐ N/ACOLOR: ☐ Blue ☒ Clear ☐ Black ☐ OtherTime in: 07:30 Time Out: 08:03

Delay Time (hh:mm) _____

Driver: PERRY, MELVIN