

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 1/19/2023

BD - El Paso
1550 Northwestern Dr
El Paso, TX 79912
Crystal (915) 231-5053
Reference Number: 7017769318

Consignee: Due Date 1/25/2023

OWENS & MINOR INC 37
1220 forest pkwy
West Deptford, NJ 08066
N/A (856) 423-9900
Reference Number: 73559

Carrier: CHR Consolidation El Paso

Pro#:

CHR Order#: 1576271616

Ship ID#: 7017769318

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 73559	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR	Case	3.00	5	Dry	56828-4 150
PO: 73559	SKU: 930825	26mL TEAL STERILE SOLUTION/APPLICATOR	7 Case		36	Dry	56828-4 150
PO: 73559	SKU: 4412A	Neuro blade	8 Case		6	Dry	92260 100
PO: 73559	SKU: 930415	3mL ORANGE STERILE SOLUTION/APPLICATOR	8 Case		42	Dry	56828-4 150
PO: 73559	SKU: 930480	1mL CLEAR STERILE SOLUTION/APPLICATOR	20 Case		91	Dry	56828-4 150
PO: 73559	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR	20 Case		110	Dry	56828-4 150
PO: 73559	SKU: 930700	10.5mL CLEAR STERILE SOLUTION/APPLICATOR	36 Case		309	Dry	56828-4 150
PO: 73559	SKU: 4406	General Purpose blade	39 Case		33	Dry	56828-5 125
PO: 73559	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR	100 Case		548	Dry	56828-4 150

Shipper Special Instructions:

6026388107

Consignee Special Instructions:

238	1180
Prepaid	Collect
Number of Pallets	2 pallets / 1 short
Number of Pieces	
Condition	Damage/Breakage
Stretch Wrap Intact	Color
O&M Signature	
Delivery Driver Signature	
Date	1-24-23

Comments:

*For any problems with this shipment please reach out to 29-CentralOps@CHRobinson.com and chr-bd@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____

Date: _____ Trailer# _____

Consignee Signature X _____

Date: _____ Seal# _____

Driver Signature X _____

Date: _____ Seal# _____

Permanent post-office address of shipper.

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2 pallets 1 pallet short
L. Davis