



May 08, 2023

Dear Customer,

The following is the proof-of-delivery for tracking number: 7026372625

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery date:</b>	Mar 30, 2023 08:17
<b>Signed for by:</b>	B LIM		
<b>Service type:</b>	FedEx Freight Priority		
<b>Special Handling:</b>			

Please see following page for Signature

---

**Shipping Information:**

---

<b>Tracking number:</b>	7026372625	<b>Ship Date:</b>	Mar 25, 2023
		<b>Weight:</b>	3658.0 LB/1660.73 KG

**Recipient:**  
CARDINAL HEALTH  
11 CENTENNIAL DR  
PEABODY, MA, US, 01960-7901

**Shipper:**  
BD CORP  
130 FOUR OAKS PKWY  
FOUR OAKS, NC, US, 27524-7228

<b>Purchase Order</b>	C5298693BOS
-----------------------	-------------

Thank you for choosing FedEx.



## DELIVERY RECEIPT



Freight Bill 7026372625 R0

2200 FORWARD DRIVE  
HARRISON, AR 72601

fedex.com 1 866 393 4585

Ship Date 03/24/2023	Bill of Lading
P O SEE BELOW	Shipper Reference
Origin RDU	Destination EBO

Consignee  
CARDINAL HEALTH  
11 CENTENNIAL DR  
PEABODY  
MA 01960-7901 US

Trailer # G1541

Shipper  
BD CORP  
130 FOUR OAKS PKWY  
FOUR OAKS  
NC 27524-7228 US

**RECEIVED**  
FedEx Freight Priority

PIECES	PKG	HT	HM	DESCRIPTION	WT(LBS)	NMFC	POFACCLASS	TERATE	TOTAL CHARGES
				003658 ORIGINAL WEIGHT ** SHIPMENT REWEIGHED AS ABOVE ** RDU INSPECTING TERMINAL WEIGHT VALIDATION FEE FUEL SURCHG LTL SHPT25 50% 486970520-141-0-2055 CZAR 806 ILS 40800 ** FAK RATES APPLIED ** 02 ZONE NUMBER					
BY ACCEPTING THIS SHIPMENT YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION					<p>DELIVERED DATE</p> <p>NUMBER OF SKIDS</p> <p>Said to contain</p> <p><b>SUBJECT TO R</b></p> <p>Contents unknown</p> <p>when opened</p> <p><b>COUNT &amp; INSPECTION</b></p> <p>Subject to inspection</p>				
734			7	PREPAID - WILL INVOICE THIRD PARTY	2940				
<p>ACCESSORIAL SERVICES PERFORMED</p> <p><input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> SORT &amp; SEGREGATE <input type="checkbox"/> DETENTION</p> <p><input type="checkbox"/> RESIDENTIAL LIMITED ACCESS <input type="checkbox"/> LIFT GATE <input type="checkbox"/> OTHERS</p>					<p>PREPAID - WILL INVOICE RESPONSIBLE PARTY</p> <p>DRIVER COL REL AUTH #25L726</p>				
Delv Driver & # <i>f Cordoba 2790942</i>									
Date <i>3-30-23</i>		Arrive <i>8:17</i>		Depart <i>9:52</i>					
# of Skids <i>7</i>		# of Pcs		OS&D #					
Shipment received in apparent good order with wrap intact unless otherwise noted									
Received by <i>X Br - B Lin</i>					Customer Requirements/Appointment Instruction				
<input type="checkbox"/> Over <input type="checkbox"/> Damage Exceptions					APPOINTMENT FROM 07 00 TO 09 00				
<input type="checkbox"/> Short <input type="checkbox"/> Wrap Broken					APPT 033023 09 00SETUP032723 08 39				
					SCOTT OPT 2 T US (978)532-6900				

DRIVER COPY



## DELIVERY RECEIPT


**Freight Bill 7026372625 R0**

 2200 FORWARD DRIVE  
 HARRISON, AR 72601

fedex.com 1 866 393 4585

Ship Date 03/24/2023	Bill of Lading
P O SEE BELOW	Shipper Reference
Origin RDU	Destination EBO

<b>Consignee</b> CARDINAL HEALTH 11 CENTENNIAL DR PEABODY MA 01960-7901 US	<b>Trailer #</b> G1541	<b>Shipper</b> BD CORP 130 FOUR OAKS PKWY FOUR OAKS NC 27524-7228 US
<b>FedEx Freight Priority</b>		

DRIVER COPY

PIECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
734				PO# SEE BELOW HOSPITAL MEDICAL LABORATORY SUPPLIE 7115394311 SID# C5335323BOS C5212334BOS C5333597BOS C5298693BOS APPOINTMENT DELIVERY ** SCHED032723 00 00 SETUP032723 08 15 SCOTT OPT 2 T US (978)532-6900 APPOINTMENT FROM 07 00 TO 09 00 APPT 033023 09 00SETUP032723 08 39 SCOTT OPT 2 T US (978)532-6900 NOTIFY CHARGE UPDATE PER INSPECTION	2940	056828-06	100		
* BY ACCEPTING THE SHIPMENT YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION									
<b>PREPAID - WILL INVOICE THIRD PARTY</b>									

## ACCESSORIAL SERVICES PERFORMED

☐ INSIDE DELIVERY    ☐ SORT & SEGREGATE    ☐ DETENTION  
☐ RESIDENTIAL LIMITED ACCESS    ☐ LIFT GATE    ☐ OTHERS

Delv Driver &amp; #

Date	Arrive	Depart
# of Skids	# of Pcs	OS&D #

Shipment received in apparent good order with wrap intact unless otherwise noted

Received by

☐ Over    ☐ Damage    Exceptions  
☐ Short    ☐ Wrap Broken

**PREPAID - WILL INVOICE  
 RESPONSIBLE PARTY  
 DRIVER COL REL AUTH #25L726**

## Customer Requirements/Appointment Instruction

 APPOINTMENT FROM 07 00 TO 09 00  
 APPT 033023 09 00SETUP032723 08 39  
 SCOTT OPT 2 T US (978)532-6900