

320863

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 7/28/2023

BD - El Paso
 1550 Northwestern Dr
 El Paso, TX 79912
 Crystal (915) 231-5053
 Reference Number: 7018467957

Carrier:	CHR Consolidation El Paso
Pro#:	
CHR Order#:	1599247747
Ship ID#:	7018467957

Consignee: Due Date 8/4/2023

KAISER DIXON VIRTUAL DC
 700 Vaughn Rd
 Dixon, CA 95620
 Reference Number: 4531555246

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: 4531555246	SKU: 4403A	SURG. CLIPPER BLADE SENSICLIP	6 Case	8.00	6	Dry	92260 100
PO: 4531555246	SKU: 4406	General Purpose blade	25 Case		21	Dry	56828-5 125
PO: 4531555246	SKU: 4412A	Neuro blade	1 Case		1	Dry	92260 100
PO: 4531555246	SKU: 930299	FREPP 1.5mL CLEAR STERILE SOLUTION/APPL 1/2	120 Case		1437	Dry	56828-4 150
PO: 4531555246	SKU: 930400	3mL CLEAR STERILE SOLUTION/APPLICATOR	72 Case		363	Dry	56828-4 150
PO: 4531555246	SKU: 930725	10.5mL TEAL STERILE SOLUTION/APPLICATOR 1/2	6 Case		52	Dry	56828-4 150
PO: 4531555246	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR 1/2	180 Case		986	Dry	56828-4 150
PO: 4531555246	SKU: 960110	#N/A	1 Case		9	Dry	56828-4 150
PO: 4531555246	SKU: 260103	CHLORAPREP TRIPLE SWABSTICK APPLICATORS	2 Case		20	Dry	56950 100
PO: 4531558123	SKU: 4403A	SURG. CLIPPER BLADE SENSICLIP	5 Case		5	Dry	92260 100
			418	8	2900		

Shipper Special Instructions:

6027582917 MAK FREIGHT, INC

Consignee Special Instructions: 6 Received

Date:
Received By:

8/9/23

26/Jul/23

b w

Chroma

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.