



Bill to:
HUB GROUP INC

Invoice Date: 07/03/2023
Invoice #: 011381590160124
Terms: NET 30
Due Date: 08/03/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/30/2023		5100 Lake Terrace, Mount Vernon, IL 62864, USA - 80 International Dr, Windsor, CT 06095, USA			
			1	3100	3100

TOTAL
3100

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 011381590160124

Driver must call HUB CAPACITY SOLUTIONS and ask for Load # 138159016
DISPATCH 1-844-887-4582 or After Hours 1-419-214-5200

Carrier: RIKI TRANSPORTATION INC (24843) 8225 LECLAIRE AVE BURBANK IL 60459-2734 Phone: 1-708-303-5150 Fax: E-Mail: dispatch@rtbrz.com	Equip: DRY VAN ONLY 53' Service: SINGLE DRIVER Haz-Mat: NO Miles: 1,054 Equipment ID: Commodity: HSEWARES,SYPL Weight / UOM: 3,102 / L Pieces / UOM: 0 /
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Dispatched by: Wayne Slade - TBnorthcentralzone@hubgroup.com

Origin #1: Address: WALGREEN-MT VERNON 5100 LAKE TER MOUNT VERNON IL 628649665 Phone: 618-244-9100	Appointment: Start: 6/30/2023 6:30 AM to End: 6/30/2023 11:30 PM Default
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Pickup Remarks

CARRIER IS NOT TO HAVE ANY OTHER FREIGHT ON TRAILER WITH WALGREENS FREIGHT
PLEASE CALL 800.868.4822 AFTER HOURS FOR ANY ISSUES
LOAD LOCKS/STRAPS ARE NEEDED

Directions

Consignee #1: Address: WALGREENS - WINDSOR 80 INTERNATIONAL DR WINDSOR CT 060951044 Phone: 860-607-5300	Appointment: Start: 7/03/2023 2:00 AM to End: 7/03/2023 2:00 AM Default
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Delivery Remarks

DRIVER ASSIST MUST BE APPROVED BY ACCOUNT MANAGEMENT
DRIVER 'MUST' REFERENCE DELIVERY CONFIRMATION # AT DESTINATION!!!!
DETENTION MUST BE SUBMITTED FOR APPROVAL WITHIN 7 DAYS OF DELIVERY.
DRIVER MUST HAVE DEL CONF# LISTED IN LOAD AS THE AO REFERENCE

Directions

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 011381590160124

Overview of Charges / Load # 138159016

Service	R. P. U.	Unit	Amount	Cur
Rate	\$2,713.19	1	\$2,713.19	USD
FUEL SURCHARGE	\$.36	1,054	\$386.81	USD
Grand Total:			\$3,100.00	USD

Driver must sign and date the Bill of Lading at the time of pickup. The driver must also get a signature or stamp the Bill of Lading at the time of delivery to clearly indicate that the freight has been received.

Reference Numbers

CR (CUSTOMER REFERENCE) 4753312	55 (SEQUENCE NUMBER) 0
CMN (TRIP # (ROUND TRIP)) 0	7U (RELATED TRANSACT) 359734
PO (PURCHASE ORDER) 4940785363	DO (DELIVERY ORDER) 330302
ZZ (MUTUALLY DEFINE) 20230714	AO (APPOINTMENT NUMBER) K5495
DO (DELIVERY ORDER) K5495	

Remarks and Load Notes

Order Remarks

ALL RESCHEDULED MUST GO THRU HUB DO NOT CONTACT DC FOR RESCHEDULES
HIGHWAY24_7@HUBGROUP.COM FOR AFTERHOURS ISSUES

- (A) This shipment will be picked up, transported and delivered by said named Carrier. Carrier agrees this shipment will not be re-brokered, trip leased, or blind shipped. If Carrier brokers this shipment in violation of this agreement, we reserve that right to pay the actual carrier. The shipment may not be transported via intermodal service or on the railroad.
- (B) **The charges indicated include all costs and fees in connection with shipment as tendered including stop charges and any applicable surcharges.** By accepting this shipment, Carrier agrees that the services provided by it are subject to the terms and conditions of its motor transportation contract with Hub or any of its affiliates, including Hub Highway Services or CaseStack.
- (C) Directions are provided to the carrier for informational purposes only. It is the sole responsibility of the carrier to confirm a lawful, safe and appropriate route for their vehicles.
- (D) By accepting this shipment, Carrier agrees it is liable to us under the Carmack standard of liability for the full value of the freight tendered.
- (E) By accepting this shipment, Carrier agrees that all claims for freight loss and damage will be paid promptly. If a valid claim is not paid within a reasonable period of time, Carrier agrees we may offset any money owed by us to Carrier against such valid cargo claim.
- (F) By accepting this shipment, Carrier represents and warrants to us that it has at least \$100,000 of cargo insurance covering each load accepted from us.
- (G) All references to "Hub" or "Hub Group, Inc." herein shall mean and include Hub Group, Inc. and its corporate affiliates and subsidiaries, including Hub City Terminals, Inc.
- (H) Carrier must (i) notify Hub of any accessorial charges prior to their occurrence, (ii) complete accessorial charge information via Hub's carrier portal by 23:59 on the second business day following occurrence, and (iii) submit all required supporting backup documentation by 23:59 of the second business day (Day + 2) of the occurrence. Failure of Carrier to comply with (i), (ii), and (iii) shall result in claims for such accessories being waived. Accessorial charges which are denied by Hub must be disputed by Carrier in writing within 2 business days of Hub's denial, or claims for such accessories are waived.
- (I) Drivers must check in with the Hub Dispatching Office at the time of pickup, at the time of delivery of each stop, and once per day while in transit.

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 011381590160124



Carrier Invoice for Payment

Carrier: RIKI TRANSPORTATION INC (24843)
8225 LECLAIRE AVE
BURBANK

IL 60459-2734

Phone: 1-708-303-5150
Fax:

Submit invoice on Hub Connect (hubconnect.hubgroup.com) for fastest processing
For manual invoicing, email this page, followed by the REQUIRED PAPERWORK noted below
(BOL POD) to hubgroup@e-transflo.com. Remember to enter your invoice# in the box below
PAPERWORK MUST BE SUBMITTED WITHIN 5 DAYS OF DELIVERY.

Manual Invoicing

Write Your Invoice # Here For Email invoicing Only

Required Paperwork:

Bill of Lading

Proof of Delivery

Overview of Charges

Service	R. P. U.	Unit	Amount	Cur
Rate	\$2,713.19	1	\$2,713.19	USD
FUEL SURCHARGE	\$.36	1,054	\$386.81	USD
Grand Total:			\$3,100.00	USD

Hub Group has several invoicing options:

- o Carriers who are not EDI capable, please register and create a login to our portal at <https://hubconnect.hubgroup.com/>. This is the preferred method and the fastest way to get paid. Factors can register and create a login to our portal also.
- o Carriers who are EDI Capable should contact the following teams to discuss EDI connectivity:
 - o Truck Brokerage: Your Hub Group dispatcher
 - o Intermodal - drayage@hubgroup.com
- o Manual / email invoicing can be accomplished but because it is manual, it is the slowest way to get paid. Submit required paperwork (BOL, POD) with Transflo Velocity or Transflo Mobile+ by using recipient ID HUBG. To get started, go to www.transflovelocity.com or your smart phone app store to download the app. This is the least preferred option.
- o Carriers who are unable to invoice due to missing orders or missing charges are required to coordinate with the Hub dispatcher the Load Tender came from to initiate the resolution process. AP cannot create the PO, only pay it.

The process for getting paid for Additional Charges is as follows:

- o Carrier must advise Hub Group of all additional charges associated with the order that could result in additional or accessorial charges. Failure to notify Hub Group within 24 hours of the occurrence, or failure to provide proof of service (POS) could result in a declination of additional charges. Once the charges have been approved, Hub Group will issue an accessorial authorization and can be invoiced out of Hub Connect. To invoice manually, the authorization sheet MUST be emailed as a part of the billing process to get paid.
- o For DETENTION: Carrier is required to notify their Hub Dispatcher from 1 hour before detention begins, to get the issue resolved, and obtain an Accessorial Approval Form as mentioned above. Carrier is required to receive stamped in & out times (signature is acceptable if times are noted) from the shipper/consignee for detention approval and payout. Carrier must also provide a signed hard copy of the required paperwork for support. Detention charges do NOT apply if driver arrives at a time later than the scheduled appointment time.

BBB315
WPROD

BILL OF LADING
DUPLICATE

6/30/23
12/31/25

PAGE: 2 of 3

DC: 1 88008
Name: MC WERNON

BOLE: 880080173094 Trailer: HMMY 251025
SCAC: 1 300NY Route: 1
Carrier Name: HUB HIGHWAY SERVICES

DRY 1:
DRY 2:

Extra Seal:
AS/LAWSON: 55691 662210 304320

TRAILER TOTALS:

PINCHES: 442 WEIGHT: 4,061 CUBE: 774 Nbr of Pallets: 24 Total Pallet weight: 960

SPECIAL INSTRUCTIONS:
DC TRANSFER
SAP PO # 4940785363

- HXC Exception Product Definition: Cases with special labels marked "WALGREEN EXCEPTION PRODUCT"
- All weights are in lbs and cubes are in cubic feet.
- Pallet weight is included in trailer total weight, only when pallets are specified.

FOR GROUND TRANSPORTATION AND VESSEL SIGN-OFF

*I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

SHIPPER SIGNATURE: [Signature]

DATE: 6-30-23

*MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIALS AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS. PLACARDS SUPPLIED YES: _____ NO: _____

FOR VESSEL TRANSPORTATION SIGN-OFF ONLY

CONTAINER/VEHICLE PACKING CERTIFICATE

*I hereby declare that the goods described above have been packed/loaded into the container/vehicle identified above in accordance with the applicable provisions.

MUST BE COMPLETED AND SIGNED FOR ALL CONTAINER/VEHICLE LOADS BY PERSON RESPONSIBLE FOR PACKING/LOADING

Name of Company WALGREENS Name and Status of Declarant _____ Place and Date _____

Signature of Declarant _____

+IMDG see 5.4.2 and/or 49 CFR see 176.27(c)(1)

SEND PREPAID FREIGHT BILLS TO: U.S. MAIL DEPT. WALGREENS
P.O. Box 1001
Naperville, IL 60566-7001

CARRIER ACKNOWLEDGES RECEIPT OF PACKAGES AND PLACARDS REQUIRED. CARRIER CERTIFIES EMERGENCY RESPONSE INFORMATION WAS MADE AVAILABLE AND/OR CARRIER HAS DOT EMERGENCY RESPONSE GUIDEBOOK OR EQUIVALENT DOCUMENT IN THE VEHICLE.

Package Count _____ Carrier Name _____ Signature _____ Date _____

SBPB315
WPROD

B I L L O F L A D I N G
D U P L I C A T E

6/30/23
12:33:25

PAGE: 3 of 3

DC.: 88008
Name: Mt Vernon

BOL# : 880080173094 Trailer: HNMV 251825
SCAC.: HNMV Route...
Carrier Name: HUB HIGHWAY SERVICES

Drv 1: _____
Drv 2: _____

Extra Seal: _____
AN/Lawson#: 59691 660210 308320

** END OF REPORT **

SPR315
W200

BILL OF LADING
DUPLICATE

DC.: 88008
Name: Mt Vernon
SOLE: 880080173094
SCAC: 800Y
Trailer: 800Y 251825
Route:
Carrier Name: KUB HIGHWAY SERVICES

6/29/23
12/23/23

PAGE: 1 of 3

Third Party Billing Information:

Div 1:
Div 2:

Extra Seal:
As/Lawson: STST-CT010 308320

FROM:

Freight Charges: *ARE TO BE PREPAID*

SHIP FROM DC ADDRESS

88008 Walgreens-Mt Vernon
5105 LAKE TERRACE N E
5100 LAKE TERRACE N E
Mt. Vernon IL 62864

SEAL OUT DC **INITIALS**
DRVR

Process
Cycle Date
6/27/23

56PP810

SHIP TO ADDRESS

88017 Walgreens-Hartford Region DC
80 INTERNATIONAL FENY
80 INTERNATIONAL FENY
Windsor CT 06095
Phone Nbr 860/607-5300

SHIPMENT
NUMBER
0846173

*****STORE*****
SEAL IN SEAL OUT INITIALS

*****STORE*****
DRVR U
COUNT O M
DC TOTAL RCVD RCVD RCVD
SHIP RCVD OVER SHET SHED
RI CS 0
PAK CS 442
TOTAL CS 442
* EXC 0
GRAND TOTAL 442
STORE SIGN

Loose Cnt 0 Cart Cnt 0 Dolly Cnt 0

88017 TAIL CNT: 0 WEIGHT: 3,101.00 CUBE: 774

PO Number(s): 17558709

Walgreens DC #	17
Date	7/5
Time In	8:51
Time Out	4:11
Pallet Count	24
STC	
Cases/Pallets Received	24 of 24
Subject to Verification	
Short	Over
Damage	
Driver	
Checker	xc