



Bill to:
RXO Inc

Invoice Date: 03/18/2024
Invoice #: 14628672
Terms: NET 30
Due Date: 04/18/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/18/2024		12747 Bluffton Rd, Fort Wayne, IN 46819, USA - 100 Co Rd 31, Ashley, IN 46705, USA			
			1	\$500.00	\$500.00

TOTAL
\$500.00

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



LZ14628672

Load Confirmation
14628672

AT500.00

CARRIER INFORMATION

Carrier	Contact
ROYAL3 INC Chicago, IL 60638	GEORGE PAVKOVIC x 123 6304857370 george@royal3inc.com

CONTACT INFORMATION

RXO, Inc.	After Hours
Brandon Smiley 678-971-0696 Brandon.Smiley@rxo.com	(678) 971-0608 GDRY2@rxo.com

PAYMENT

Carrier Pay Breakdown

LNH Line Haul Flat	\$500.00
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Total Carrier Pay	\$500.00
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Bill To Address

RXO
PO Box 49069
Charlotte, NC 28277

Please refer to section **Paperwork Submission** for options on where to send your Invoice, POD and accessorial receipts (if applicable) for payments

AGREEMENT

Please sign and complete this form to submit as your invoice.

Driver Name	Driver Phone #	Tractor #	Trailer #	Carrier Invoice #
			01	

Signature

Carrier will perform the transportation described in this load confirmation subject to and in accordance with the Motor Carrier Transportation Agreement between Carrier and RXO, Inc. (the "Agreement"), which is incorporated herein by reference. Carrier acknowledges that RXO, Inc.'s customers or shippers may have special requirements for this shipment. By accepting the shipment described in this load confirmation, Carrier agrees to the rates and charges stated in this load confirmation and to special requirements communicated to Carrier by RXO, Inc., its customer or the shipper.

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AT500.00

ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #	
14628672	40105.00	Van - 53 Feet	N/A - N/A	BM	0087948595
				PO	20576962
				OK	AWARD

STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	03/18/24 15:00	General Mills Operations, LLC 12747 Bluffton RdCSF - 1691 Fort Wayne, IN 46809	FOOD STUFFS	40105 (4600) Dim: N/A x N/A x N/A	CR 0065809140 DO 2094639073
SO	03/18/24 20:00	FAMILY DOLLAR - ASHLEY -DC 9510 VR:32982 500 FAMILY DOLLAR PKWY Ashley, IN 46705	FOOD STUFFS	40105 (4600) Dim: N/A x N/A x N/A	CR 0065809140 PO 20576962 AO 20654223/ 32153371 DO 2094639073

NOTES

Order Notes

Food Grade Trailer

Paperwork must be submitted within 48 hours of delivery : Rate will be reduced by \$ 50 for late or missing POD/BOL.

POD required : POD must be received by RXO within 48 hours of delivery

BOL required : BOL must be received by RXO within 24 hours of delivery

BOL required : BOL for each PO must be signed

BOL required : In and out times must be signed by shipper or consignee

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Receipts required for any accessorial reimbursement : Must submit receipts for accessories within 48 hours of delivery to get reimbursement

Receipts required for any accessorial reimbursement : Lumper receipts required

Auto tracking required : Tracking frequency: 30 mins

Auto tracking required : \$ 100 fine if not auto-tracked

Auto tracking required : Not eligible for detention and layover if not tracked

Notify RXO immediately of any issue that will delay delivery : \$ 0 fine if RXO is not immediately notified of any issue that will delay delivery

TONU: \$150 : Trailer rejections will not be paid TONU

TONU: \$150 : In order to qualify for tonu, driver must be dispatched by rxo prior to arriving to the shipper

Detention : Grace period hours: 2

Detention : Compensation per hour: \$25

Detention : Max hours reimbursement: 8

Detention : Broker must be notified prior to detention beginning

Detention : Layover after 8 hours

Layover compensation: \$150

Contact RXO if overweight before leaving shipper.

Damaged product must be reported to RXO by driver prior to leaving shipper or receiver.

Any discrepancies must be reported to RXO by driver before leaving facility.

Notify RXO immediately of any rejected material.

Location Notes**INSTRUCTIONS****RXO Requirements**

Carriers must provide RXO with timely updates of arrival/departure at all stops and while in transit by utilizing a method of auto tracking or by calling 833-TRAK RXO (1-833-872-5796).

Any discrepancies or incident affecting transportation such as overages, shortages, damages, trailer seal discrepancies, failure of any temperature control equipment or other conditions that may render (or may have rendered) food unsafe during transportation, or detention must be reported immediately. All accessorial charges must be reported within 24 hours of delivery to be reimbursed.

Paperwork Submission

For faster processing, submit your paperwork by Transflo \$Velocity or Transflo Mobile (use RXO broker code of "XPOLV"). Follow instructions@rxo.com. For slower processing, submit your paperwork by email to carrierpaperwork@rxo.com, or by fax to (704) 626-3455.

Please clearly follow the instructions you have been provided to prevent delay in payment.

RXO offers Quick Pay options for USD and CAD carriers. If interested in getting processed within 2, 7 or 15 days please reach out to Quickpaysetup@rxo.com for additional information. Please note that setup can take up to 15 business days.

RXO offers exclusive discounts through the RXO Extra program. [Click here to check out savings on fuel, maintenance and tires, factoring and more.](#)

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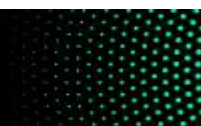


AT500.00


Notice of Assignments, Letters of Release and change of address request are to be submitted to carrierpayupdate@rxo.com to be updated. Failure to do so may result in delayed payment.

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Sign up

SHIP FROM Name: GMI Fort Wayne Address: 12747 BLUFFTON ROAD City/State/Zip: Fort Wayne, Indiana 46809 FOB:		Bill of Lading Number: 87948595  (402) 87948595	
SHIP TO Name: FAMILY DOLLAR - ASHLEY - DC 9510 VR:32982 Address: 500 FAMILY DOLLAR PKWY City/State/Zip: ASHLEY, IN 46705 FOB:		Carrier Name: XPOL Equipment: ROYAL3241131 Seal number(s): 03068227 SCAC: XPOL Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: FAMILY DOLLAR - ASHLEY - DC 9510 VR:32982 Address: 500 FAMILY DOLLAR PKWY City/State/Zip: ASHLEY, IN 46705		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	
20576962		4284	33615.32	Y	N
		0	0.00	Y	N
		0	0.00	Y	N
		0	0.00	Y	N
		0	0.00	Y	N
GRAND TOTAL		4284	33615.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT ()	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.	NMFC #	CLASS
						See Section 2(e) of NMFC Item 360		
						GRAND TOTAL		

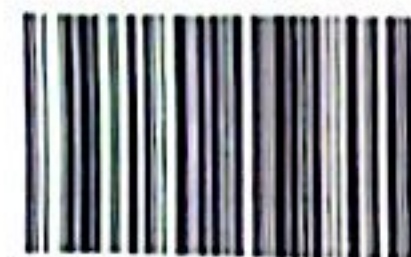
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.		COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper	
SHIPPER SIGNATURE/DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE/PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>

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Date: 3/18/2024

BILL OF LADING

Page 1

SHIP FROM				Bill of Lading Number: 87948595			
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SHIP TO				Carrier Name: XPOL			
Name: FAMILY DOLLAR - ASHLEY - DC 9510 VR:32982 Address: 500 FAMILY DOLLAR PKWY City/State/Zip: ASHLEY, IN 46705 FOB:				Equipment: ROYAL3241131 Seal number(s): 03068227			
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: XPOL			
Name: FAMILY DOLLAR - ASHLEY - DC 9510 VR:32982 Address: 500 FAMILY DOLLAR PKWY City/State/Zip: ASHLEY, IN 46705 145A				Pro Number:			
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect 3rd Party			
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO	
20576962		4284	33615.32	Y	N		
		0	0.00	Y	N		
		0	0.00	Y	N		
		0	0.00	Y	N		
		0	0.00	Y	N		
GRAND TOTAL		4284	33615.32				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE	WEIGHT ()	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE		Commodities requiring special or additional attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care.		NMFC # CLASS
					See Section 2(e) of NMFC Item 360		
GRAND TOTAL							
DATE 3/18/2024							
ASSOCIATE ID # 33685							
ASSOCIATE ID #							
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SHIPPER SIGNATURE/DATE					Signature		
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Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver					Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
					Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		