

*** Load Confirmation ***

Halvor Logistic Services, LLC.
Superior, WI 54880
329 Grand Ave
888-462-4258 Fax 715-392-5232

Dispatcher: Tony Zylka
Dispatcher Phone: 715-947-2318

Page 1

0085603

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 08/16/2024

Contact: Peter
Phone: 630-485-7370
Fax: 630-485-6980
Driver Name: Darrin
Driver Cell: 786-597-3485

Order Order: 0085603
Miles: 1052.0
Temp:
BOL: 888154282

Commodity:
Weight: 35712.0
Trailer Type: VAN
Reference: 0303758

PU 1 Name: 6901 Stilwell St
Address: 6901 Stilwell St

Date: 08/16/2024 1300
08/16/2024 1300

KANSAS CITY MO 64120
Phone:

Contact:
Dvr Ld/Unld: No driver loading or unload
Weight: 35712.0
Cases:

Reference Number: 11 PHLM
Reference Number: 12 PHILMAC
Reference Number: 6Y 53 FT DRYVAN
Reference Number: BM 888154282
Reference Number: CN 0731390
Reference Number: CR 888154282
Reference Number: MP 888154282
Reference Number: OI 0303758
Reference Number: OQ 2050025286
Reference Number: PO 2050025286
Reference Number: PO 3070988
Reference Number: ZZ SOLO

SO 2 Name: Performance Foodservice
Address: 10399 Washington Hwy

Date: 08/19/2024 0830
08/19/2024 0830

GLEN ALLEN VA 23059
Phone: 804-237-1001

Contact: Main
Dvr Ld/Unld: No driver loading or unload
Weight: 35712.0
Cases:

Reference Number: BM 888154282
Reference Number: KK 4799591
Reference Number: OQ 2050025286
Reference Number: PO 2050025286
Reference Number: PO 3070988

Payment Carrier Freight Pay: \$2,150.00
Total Carrier Pay: \$2,150.00

To ensure prompt reimbursement for any LUMPER or accessorial fees incurred, please submit receipts to your designated dispatcher within 48 hours of delivery. Failure to do so will result in possible rejection of reimbursement.

Instructions

Please email invoice and all supporting documentation to invoices.logistics@halvor.com.

For payment status inquiries, email Acct.Logistics@halvor.com

Download the TruckerTools app for dispatch info, tracking, and to submit paperwork.

Ask us about our QuickPay options.

Trucker Tools tracking or ELD tracking is required, no exceptions. \$300 will be deducted if driver does not comply.

Driver Name: _____

Truck #:

Dispatch Signature: _____

Agreement

Please sign and send back to

Tony Zylka

Phone 715-947-2318

Email tony.zylka@halvor.com

Cell

Fax

* Driver must call Halvor Logistics dispatcher at the number at the top of this document for dispatch information

* Driver Must report any overages, shortages of damaged product immediately.

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Reference Number: OQ 2050025286
Reference Number: PO 2050025286
Reference Number: PO 3070988

Payment Carrier Freight Pay: \$2,150.00
Lumper 505.00
Total Carrier Pay: \$2,655.00

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INVOICE

BILL TO:

HALVOR LOGISTICS SERVICES LLC
217 GRAND AVE
SUPERIOR, WI 54880

INVOICE DATE: 08/19/2024**INVOICE #:** 0085603**TERMS:** NET 30**DUE DATE:** 09/19/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/16/2024		6901 Stilwell St, Kansas City, MO 64120 - 10399 Washington Hwy, Glen Allen, VA 23059			
		Freight Income	1	\$2,150.00	\$2,150.00
		Broker will reimburse	1	\$505.00	\$505.00
		Lumper	1	\$505.00	\$505.00

TOTAL

\$3,160.00

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

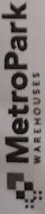
DALLAS, TX 75320-5154

Tel: 844-899-8092

#17

BILL OF LADING

Date: 8/16/2024



SHIP FROM Name: Philadelphia Macaron Company - LSM c/o 6901 Stillwell Address: 6901 Stillwell City/State/Zip: Kansas City, MO 64120 Vendor #: SID #:		Bill of Lading #: 000000000000120950
SHIP TO Name: PERFORMANCE FS - VIRGINIA Address: JUSTIN DOWDY City/State/Zip: 10399 WASHINGTON HIGHWAY Phone: GLEN ALLEN, VA 23059 CID #:		Carrier Name: Hallor Trailer #: 244727 Seal #: ZER140267
BILL TO Name: Address: City/State/Zip: Phone: CID #:		SCAC: Pronumber: Subject to Count: Received - Exceptions Noted: Driver/Carrier Agent: PLS Sign and Receiving Applicable: 24 AUG 16 11:24:46
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: 3rd Party:		

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET Yes / No
REF# 2050025286 PO# 3070988	37	35.712	
GRAND TOTAL	37	35.712	

CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	QTY	WEIGHT
QTY	TYPE	TYPE	H.M. (X)
1	Pallet	4	Carton
1	Pallet	8	Carton
1	Pallet	4	Carton
2	Pallet	60	Carton
2	Pallet	64	Carton

Where the rate is dependent on value, shippers are required to value 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 _____
 OOD Amount: \$
 Fee Terms: Collect: ☐ Prepaid: ☐
 Customer Check acceptable: ☐

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 rules, 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.

SHIPPER SIGNATURE / DATE TB8/16	Freight Loaded By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> Freight Counted By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/>	CARRIER SIGNATURE / DATE [Signature] 8/16/24
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This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in conformity with the regulations of the Department of Transportation.