

Note Paperwork must be submitted to Carrier Rep within 48hrs for Accessorial approval.
Payment of Accessorials is dependent of Customer Approval which may take 7-14 business days after submission.
If carrier does not accept tracking tools, they are subject to rate deductions if itemized below.
Carrier is responsible for any Late Fee or Rescheduling Fees as outlined below.
Detention is to be paid \$35/hr maxing out at \$250.
Carrier is responsible for confirming proper bill to information is up to date before billing. This is subject to a \$100 deduction.
All EFS Payments are subject to a \$10 processing fee. All EFS payments are "driver advances" and are subject to be short paid without a submitted receipt

BROKER SIGNATURE: Kyle Sheldone, INVOICES@SHIPSPARTAN.COM
Kyle.Sheldone@shipspartan.com
shipspartan.com

CARRIER SIGNATURE:

Please send bills to:
INVOICES@SHIPSPARTAN.COM
Spartan Logistics Services, LLC 4811 Emerson Ave, Ste 207
Palatine, IL 60067

10/10/2024 3:49 PM



INVOICE

BILL TO:

SPARTAN LOGISTICS SERVICES LLC
4811 EMERSON AVENUE, SUITE 207
PALATINE, IL 60067

INVOICE DATE: 10/14/2024**INVOICE #:** R60892**TERMS:** NET 30**DUE DATE:** 11/14/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/11/2024		176 Stegelske Ave, Dunkirk, NY 14048, USA - 26330 Co Rd 49, Loxley, AL 36551, USA			
		Freight Income	1	\$2,400.00	\$2,400.00

TOTAL

\$2,400.00

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




(949) 481-0685

WORK ORDER RECEIPT

Aldi (ALDLOX), Loxley, AL

Tax Id	461734845
WO #	ALDLOX900001410122024210339
Date Time	10/12/2024 9:03:00 PM
Shift	Shift 3
PO #	7501896598
Truck #	753
Trailer #	289473
Door #	216
Client's Dept	Unloading (GRP)
Product	GM
Vendor	Refresco Beverages US Inc.
Carrier	Royal 3
Bill To	Royal 3
QTY < Case >	1044
Activity	\$73.00
Additional Charge	\$0.00
Work Order Charge	\$73.00
Service Charge	\$8.00
Total	\$81.00
Payment	Check
Check #	8549617
Authorization	8549617
Driver	TH
Driver's Signature	
Supervisor's Signature	

SHIP FROM
 Name: Refresco Beverages US Inc.
 Address: Stegelske
 181 Stegelske Avenue
 Dunkirk NY 14048
 SID#: 2750 FOB: ☐

Bill of Lading Number: 
 85455571
 Shipment No: 53249601

SHIP TO
 Name: ALDI LOXLEY
 Address: 30300 COUNTY RD 49
 LOXLEY AL 36551
 USA
 CID#: 20020390
 Attention: **216** FOB: ☐

CARRIER NAME: SPARTAN LOGISTICS
 Trailer Number: 289473
 Seal Number(s): 00697152

SCAC: SLRS
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: SPARTAN LOGISTICS
 Address: 1815 HICKS RD
 ROLLING MEADOWS IL 60008
 USA

Delivery Date: 10/11/2024

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect XX 3rd Party

SPECIAL INSTRUCTIONS:
 Alternate PO#: 7501896598

(checkbox) Master Bill of Lading: with attached underlying Bills of Lading

Driver ID Verified
 Yes ☒ No ☐ Initial **LN**

CHEP: PECO:
 Brownboard:
 AIR BAGS VOID FILLERS

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER	# PKGS	WEIGHT	PALLET/	ADDITIONAL SHIPPER INFO
7501896598		30050	Y N	Must Deliver 5-Digit 4-Digit 5-Digit By date Destination PO Type Dept.
			Y N	2750 DPUE
			Y N	
			Y N	
			Y N	
			Y N	** Weights are shown in LB
GRAND TOTAL		30050		

CARRIER INFORMATION

HU QTY	HU TYPE	PKG QTY	PKG TYPE	WEIGHT	H.M (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
15	PL	1,044	PL	30050		Beverages-Full goods	72160	60
						Appointment Date: 10-10-24 Time: 2000		
						Actual Date: 10-10-24	2846	
						10-11-24	0845	
15	Driver Signature			30050		GRAND TOTAL		

Gate Pass: Date: 10/11/24

Time

Check In (Guard):

COD Amount: \$

Fee Terms: Collect ☐ Prepaid: ☐


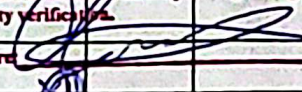

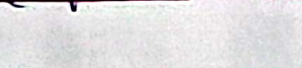
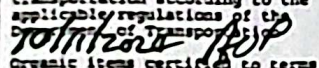
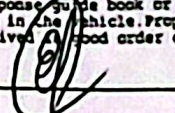
Customer check acceptable: ☐

NOTE Liability: It is the responsibility of the shipper to ensure that the goods are properly packed and labeled. The carrier is not responsible for damage to the goods in this shipment. See 49 - U.S.C. 14706(c) (1) (A) and 49 - U.S.C. 14706(c) (2) (A) for more information. The shipper is required to state the value of the goods in writing on the bill of lading. The carrier is not responsible for the value of the goods unless the shipper has declared the value of the goods in writing on the bill of lading. The carrier is not responsible for the value of the goods unless the shipper has declared the value of the goods in writing on the bill of lading.

SHIPPER SIGNATURE/DATE
 This is to certify that the above materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
John Doe

Trailer Loaded:
☒ By Shipper
☐ By Driver
Freight Counted:
☒ By Shipper
☐ By Driver/Pallets
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order except as noted.
John Doe

SHIP FROM				Bill of Lading Number: 				
Name:	Refresco Beverages US Inc.			85455571				
Address:	Stegelske 181 Stegelske Avenue Dunkirk NY 14048			Shipment No: 53249601				
SID#:	2750			FOB: <input type="checkbox"/>				
SHIP TO				CARRIER NAME: SPARTAN LOGISTICS				
Name:	ALDI LOXLEY			Trailer Number: 289473				
Address:	30300 COUNTY RD 49 LOXLEY AL 36551 USA			Seal Number(s): 00697152				
CID#:	20020390			SCAC: SLRS				
Attention:	216			Pro Number:				
THIRD PARTY FREIGHT CHARGES BILL TO:				Delivery Date: 10/11/2024				
Name:	SPARTAN LOGISTICS			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Address:	1815 HICKS RD ROLLING MEADOWS IL 60008 USA			Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>				
SPECIAL INSTRUCTIONS: Alternate PO#: 7501896598				Master Bill of Lading: with attached underlying Bills of Lading (checkbox)				
Driver ID Verified Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Initial <u>LN</u>				CHEP: <input type="checkbox"/> PECO: <input type="checkbox"/> Brownboard: <input type="checkbox"/> AIR BAGS <input type="checkbox"/> VOID FILLERS <input type="checkbox"/>				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER		# PKGS	WEIGHT	PALLET/		ADDITIONAL SHIPPER INFO		
						Must Deliver	5-Digit	
						By date	Destination	
							PO Type	
							5-Digit	
							Dept.	
7501896598			30050	Y	N	2750	DPUE	
				Y	N			
				Y	N			
				Y	N			
				Y	N			
GRAND TOTAL			30050			** Weights are shown in LB		
CARRIER INFORMATION								
HU QTY	HU TYPE	PKG QTY	PKG TYPE	WEIGHT	H.M (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
15	PL	1,044	PL	30050		Beverages-Full goods	72160	60
The load has been inspected for evidence of tampering, damage and contamination. The product has been inspected for evidence of tampering, damage and contamination. The Country of Origin is present on the label if applicable. Receipt under protest pending quality inspection and count/quantity verification.						Appointment Date: 10-10-24 Time: 2000		
Aldi Signature: 						Actual Date: 10-10-24 Time: 2346		
15	Driver Signature: 			30050		GRAND TOTAL	10-11-24	0845
Gate Pass: 						COD Amount: \$		
Time						Fee Terms: Collect <input type="checkbox"/> Prepaid: <input type="checkbox"/>		
Check In (Guard):						Customer check acceptable: <input type="checkbox"/>		
NOTE Liability: It is understood that the carrier is not liable for damage in this shipment may be applicable. See 49 - U.S.C. 14706(c) (1) (A) and								
received, subject to individually determined rates or contracts that have been agreed upon in writing. The carrier is not liable for damage in this shipment may be applicable. See 49 - U.S.C. 14706(c) (1) (A) and								
Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or the declared value of property as follows: The agreed or the declared value of the property is specifically stated								
SHIPPER SIGNATURE/DATE This is to certify that the above materials are properly classified, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  Organic items certified to terms of				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order except as noted. 

MERIT LOGISTIC

(949) 481-0685

Adi (ALDLOX), Loxley, AL

Trk Id

461734846

MO #

ALDLOX00001410122024210339

Time

10/12/2024 8:03:00 PM

PO #

7501896598

Truck #

763

Trailer #

289473

Door #

216

Client's Dept

Unloading (GSP)

Product

GM

Vendor

Refrresco Beverages

Carrier

US Inc

Bill To

Royal S

QTY < Case >

Royal S

Activity

1044

Work Order Charge

\$73.00

Service Charge

\$73.00

Total

\$81.00

Payment

Pay

Authorization

8549517

Driver

TH

Driver's Signature

TH

Supervisor's Signature