



INVOICE

BILL TO:
MCLEOD LOGISTICS LLC
1001 CRAIG RD
ST. LOUIS, MO 63146

INVOICE DATE: 10/23/2024
INVOICE #: R62428
TERMS: NET 30
DUE DATE: 11/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/22/2024		74 Weed St, Plattsburgh, NY 12901 - 4260 Port Union Rd, Fairfield, OH 45011			
		Freight Income	1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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



Trailer must be clean, dry, and odor-free. Please have driver call 855-241-3100 for dispatch. If carrier/driver fails to report detention within the first 2 hours of occurrence, detention compensation will be denied. In addition, IN and OUT times need to be notated on BOL with a legible customer signature. The original seal must be on the trailer upon delivery to avoid rejection and/or future claim and if original seal is not intact and load is rejected, carrier is responsible for full contents of load. Driver must check in under MCLEOD on ALL loads.

- Carrier acknowledges that Shipper's insertion of McLeod Logistics or McLeod Express name on the bill of lading, freight tender, or any other document shall be for Shipper's convenience only and shall not change McLeod Logistics status as a transportation broker. In the event Broker's name is listed on the bill of lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable. Invoice must include McLeod load number and a signed copy of the BOL or POD.
- Lumpers will be reimbursed with a valid receipt as long as lumper is reported within 24 HR. If a receipt is not submitted, carrier will not be reimbursed and/or freight bill will be deducted by that amount.
- Invoices can be mailed to P.O. Box 1368, St Louis, MO 63188 or e-mailed to accounting@mcleodlogistics.com

Thank you for your business

McLeod Logistics LLC
PO Box 1368
St. Louis, MO 63188
(855) 241-3100
www.mcleodexpress.com



McLeod Logistics
1001 Craig Rd. Ste. 352
St. Louis, MO 63146
855-241-3100 888-237-5655

Load Confirmation

Page 1
1135904

Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	Kelly
Date:	10/21/2024	Phone:	(630) 485-7370
		Fax:	
Order	Order: 1135904 Miles: 776.0 Temp: BOL: 504591247	Commodity:	4 cup drink carrier molded
		Weight:	18720.0
		Trailer:	Van (DAT)
		Reference:	7221904

PU 1	Name:	Pactiv LLC	Date:	10/22/2024 1100
	Address:	74 Weed St PLATTSBURGH NY 12901	Driver Load:	No driver loading or unload
	Reference number:	CR 7221904		
	Reference number:	LI 504591247		
	Reference number:	P8 100001506260		

SO 2	Name:	Martin Brower - Fairfield	Date:	10/23/2024 1415
	Address:	4260 Port Union Rd FAIRFIELD OH 45011	Driver Load:	No driver loading or unload
	Reference number:	CR 48782		
	Reference number:	CR 7221904		
	Reference number:	CR 84		
	Reference number:	CR 84 2024 7221904		
	Reference number:	CR 9593747		
	Reference number:	CR DRY MCD		
	Reference number:	CR MCD		
	Reference number:	CR mcdtranscentral@armada.net		
	Reference number:	CR rbagby@mcleodlogistics.com		
	Reference number:	LI 504591247		
	Reference number:	LM 802.5		



McLeod Logistics
1001 Craig Rd. Ste. 352
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Load Confirmation

Page 2
1135904

Carrier:	ROYAL3 INC	Contact:	Kelly
	CHICAGO IL 60638	Phone:	(630) 485-7370
Date:	10/21/2024	Fax:	

Reference number:	PO	7221904
Reference number:	SI	904664551
Reference number:	TP	DRY
Reference number:	Z1	7769
Reference number:	ZZ	93

Payment	Carrier Freight Pay:	\$1,500.00
	Total Carrier Pay:	\$1,500.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

Pactiv LLC - ARMAPIPA: TRAILER MUST BE 100% FOOD GRADE - CLEAN / DRY / ODOR FREE. NO HOLES IN THE ROOF/WALLS OR RECENT AND BAD STAINS. NO GLASS PARTICLES, METAL SHAVINGS, HAY, OR PAPER PULP STUCK IN THE FLOOR OR WALLS.

Pactiv LLC - ARMAPIPA: ALL ACCESSORIALS - INCLUDING LUMPER RECEIPTS - MUST BE SUBMITTED TO US WITHIN 24 HRS OF DEL. CUSTOMER REQUIREMENT OR THEY WILL DENY ANY ACCESSORIAL REQUESTS - INCLUDING LUMPERS

Pactiv LLC - ARMAPIPA: ***DRIVER MUST BE WILLING/ABLE TO DO MACROPOINT TRACKING. MACROPOINT TRACKING IS A REQUIREMENT ON THIS SHIPMENT BY THE CUSTOMER***

Please Sign: *Kelly Ivanovic*

(X) Accept

() Decline

Attention: Seth Brousseau
(855) 241-3100
logistics@mcleodlogistics.com

Driver Name:
Driver Cell:
Driver Email:
Tractor #:
Trailer #:



STRAIGHT BILL OF LADING -- Original--Not Negotiable

Copy 1
CARRIERCopy 2
PACKING LISTCopy 3
SHIPPER

PREPAID FREIGHT BILLS TO:
PACTIV LLC-CASS INFORMATION SYSTEMS
O. BOX 67
SAINT LOUIS, MO 63166

MB#
100001506260SB#
010001506260

03

TRUCK STOP OFF BILL OF LADING PAGE 2 OF 2



SHIP TO NO. 348727	PLANT # 6104	DEL. NOTE# 20960362	DATE ORDERED 10/21/2024	CUSTOMER P.O.# 7221904	DATE ENTERED 10/21/2024	DATE RECEIVED 10/14/2024
CARRIER Customer Pick up SCAC Code			SCAC CPUU	BLDG	ORDER# 6802260	FREIGHT TERMS FOB Origin/Frt Collect
SOLD TO: HAVI GLOBAL SOLUTIONS 345 NORTH MORGAN STREET SUITE 1000 CHICAGO IL 60607				SHIP TO: MARTIN BROWER DC 84 4260 PORT UNION ROAD FAIRFIELD OH 45011		

QUANTITY	UNIT	ITEM NUMBER		DESCRIPTION		WT/UNIT	CUBE	FCL										
		UNITS	LBS	CUBIC FT	KILOS													
SUB-TOTALS		780	17,207	2,686	7,805													
PALLETS		0	0	0	0													
TOTALS		780	17,207	2,686	7,805													
** FREIGHT CLASS SUMMARY **																		
<table><tr><th>FCL</th><th>CLASS</th><th>NMFC NUMBER</th><th>CASES PER CLS</th><th>LBS PER CLS</th></tr><tr><td>040</td><td>125</td><td>152940-1</td><td>780</td><td>17,207</td></tr></table>									FCL	CLASS	NMFC NUMBER	CASES PER CLS	LBS PER CLS	040	125	152940-1	780	17,207
FCL	CLASS	NMFC NUMBER	CASES PER CLS	LBS PER CLS														
040	125	152940-1	780	17,207														
** FOR FREIGHT COLLECT SHIPMENTS **																		
if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement : The carrier may decline to make a delivery of this shipment without payment of freight and all other lawful charges.				<div><p>*Use Military Time*</p><p>Date <u>10/23/24</u> Appt Time <u>14:15</u> Check-In Time <u>13:26</u> Check-Out Time <u>14:54</u> Over CS <u> </u> Short CS <u> </u> Damage CS <u> </u> Refer Temp* Setting <u> </u> Refer Actual Temp* <u> </u> DC Signature <u> </u> <u>QB</u></p></div>														

****Customer Pick up SCAC Code PLEASE REFERENCE 100001506260 FOR BILL PAYMENT****

Permanent Post Office Address of Shipper:
PACTIV / PLATTSBURGH
74 WEED STREET
PLATTSBURGH, NY 12901
BUSINESS HOURS: 518-562-6140
AFTER HOURS: 518-562-6140

VICS BILL OF LADING

SL+C <input type="checkbox"/>	DATE SHIPPED 10/22/2024	CHECKED	*The fibre boxes used for this shipment conform to the specifications set forth in the box makers certification thereon, and all other requirements of Uniform Freight Classification*. Shippers imprint in lieu of stamp, not a part of bill of lading approved by the interstate Commerce Commission.	
CL+C <input type="checkbox"/>				
Customer Signature	Customer Date	Carrier	Carrier Date	Driver