



## INVOICE

**BILL TO:**  
SPOT FREIGHT INC  
141 S MERIDIAN ST STE 200  
INDIANAPOLIS, IN 46225

**INVOICE DATE:** 01/09/2025  
**INVOICE #:** R72136  
**TERMS:** NET 30  
**DUE DATE:** 02/09/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/08/2025		315 Ship Canal Parkway, Buffalo, NY 14220 - 504 Advantage Avenue, Aberdeen, MD 21001			
		Freight Income	1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**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**



251 NORTH ILLINOIS STREET  
SUITE 1200  
INDIANAPOLIS, IN 46204  
PH #: 866-971-SPOT (7768)  
FAX #: 317-635-6357

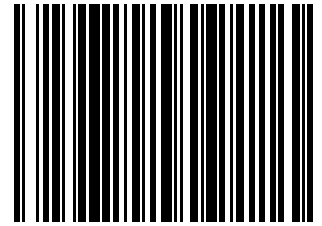
Email: [logistics@spotinc.com](mailto:logistics@spotinc.com)

Standard

## Carrier Rate Confirmation

CARRIER TO CHECK IN WITH AND OBTAIN LOAD  
REQUIREMENTS FROM SPOT FREIGHT 866-971-7768  
OPTION # 1

S2724973



### SHIPMENT DETAILS

Carrier: **ROYAL3 INC C17780**

Shipment #	# of Pick ups	# of Deliveries	Origin	Destination	Team Required
S2724973	1	1	Buffalo, NY 14220	Aberdeen, MD 21001	No

Miles	Weight*	Pickup Date & Time	Delivery Date & Time
362.30	43519.05	1/8/2025 11:45:00	1/9/2025 4:45:00

\*This is an approximate weight. Spot Freight will not be held liable if the actual weight does not match the weight on the rate confirmation.

### Special Instructions

D2663342: \*\*BOLs MUST BE APPROVED BEFORE DEPARTING SHIPPER\* \*\*MUST NOTIFY OUR TEAM BY PHONE OR EMAIL 30 MINUTES PRIOR TO APPT IF YOU WILL BE LATE\* \*\*ANY LATE TRUCKS ARE SUBJECT TO A DEDUCTION!\*

"RED MOBILE" APP REQUIRED: Any load that is not on automated tracking is not eligible for accessorial compensation of any kind. Carrier will also be charged a non-compliance fee, a minimum of \$150, for not accepting tracking. 1) Download the app - <https://redtms.com/drivers/> 2) Allow Location Settings 3) Enter phone # in app and click 'REQUEST PIN'. 5) Once driver has the pin, click white boxes to verify pin. 6) Pull down on the screen to send red a location "native device" tracking link. 7) The red truck indicates the app is pulling drivers current location. Please contact (866.971.7768 x270) or [Tracking@SpotInc.com](mailto:Tracking@SpotInc.com) immediately if there are any issues. Thank you

### References

**PICK UP # - FDP0QEV**

**PO - 4512239873 / 4512239875**

### RATE DETAILS

Description	Type	Units	Method	Rate	Total
Line Haul	Flat	1.00	Flat	\$1,529.72	\$1,529.72
Fuel Surcharge	PerMile	362.30	PerMile	\$0.47	\$170.28
					<b>\$1,700.00</b>

### FREIGHT DETAILS

Equipment Requirements	Dry (Van)	Shipment Requirements	
------------------------	-----------	-----------------------	--

<b>Stop #1</b>  <b>Pickup:</b> 315 Ship Canal Parkway Buffalo, NY 14220 1/8/2025 11:45:00 <b>Load Style:</b> Live  <b>Distance:</b> 0  <b>Order :</b> D2663342 <b>Directions:</b> <b>Carrier</b> <b>Instructions:</b> <b>Driver Instructions:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Type</th> <th style="width: 50%;">Reference #</th> </tr> <tr> <td>PO</td> <td>4512239875</td> </tr> <tr> <td>PICK UP #</td> <td>FDP0QEV</td> </tr> <tr> <td>PO</td> <td>4512239873</td> </tr> </table>	Type	Reference #	PO	4512239875	PICK UP #	FDP0QEV	PO	4512239873						
Type	Reference #														
PO	4512239875														
PICK UP #	FDP0QEV														
PO	4512239873														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 14%;">Total Weight*</th> <th style="width: 14%;">Packaging (Count)</th> <th style="width: 14%;">Stackable?</th> <th style="width: 14%;">Description</th> <th style="width: 14%;">Cargo Classification</th> <th style="width: 14%;">Commodity Code</th> <th style="width: 14%;">Product Code</th> </tr> <tr> <td>43519.05</td> <td>Case (1455)</td> <td>No</td> <td>PALLETIZED GROCERIES</td> <td></td> <td></td> <td></td> </tr> </table>		Total Weight*	Packaging (Count)	Stackable?	Description	Cargo Classification	Commodity Code	Product Code	43519.05	Case (1455)	No	PALLETIZED GROCERIES			
Total Weight*	Packaging (Count)	Stackable?	Description	Cargo Classification	Commodity Code	Product Code									
43519.05	Case (1455)	No	PALLETIZED GROCERIES												
<b>Stop #2</b>  <b>Dropoff:</b> Gordon Food Service 504 Advantage Avenue Aberdeen, MD 21001 1/9/2025 4:45:00 <b>Load Style:</b> Live  <b>Distance:</b> 362.3  <b>Order :</b> D2663342 <b>Directions:</b> <b>Carrier</b> <b>Instructions:</b> <b>Driver Instructions:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Type</th> <th style="width: 50%;">Reference #</th> </tr> <tr> <td>PO</td> <td>4512239873</td> </tr> <tr> <td>PO</td> <td>4512239875</td> </tr> <tr> <td>DEL #</td> <td>397181</td> </tr> </table>	Type	Reference #	PO	4512239873	PO	4512239875	DEL #	397181						
Type	Reference #														
PO	4512239873														
PO	4512239875														
DEL #	397181														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 14%;">Total Weight*</th> <th style="width: 14%;">Packaging (Count)</th> <th style="width: 14%;">Stackable?</th> <th style="width: 14%;">Description</th> <th style="width: 14%;">Cargo Classification</th> <th style="width: 14%;">Commodity Code</th> <th style="width: 14%;">Product Code</th> </tr> <tr> <td>43519.05</td> <td>Case (1455)</td> <td>No</td> <td>PALLETIZED GROCERIES</td> <td></td> <td></td> <td></td> </tr> </table>		Total Weight*	Packaging (Count)	Stackable?	Description	Cargo Classification	Commodity Code	Product Code	43519.05	Case (1455)	No	PALLETIZED GROCERIES			
Total Weight*	Packaging (Count)	Stackable?	Description	Cargo Classification	Commodity Code	Product Code									
43519.05	Case (1455)	No	PALLETIZED GROCERIES												

\*This is an approximate weight. Spot Freight will not be held liable if the actual weight does not match the weight on the rate confirmation.

**IMPORTANT NOTES- THIS FREIGHT IS NOT TO BE CONSOLIDATED WITH ANY OTHER FREIGHT WITHOUT WRITTEN PERMISSION FROM SPOT FREIGHT, INC ("SPOT"). THE PROVIDED RATE IS FOR EXCLUSIVE USE OF EQUIPMENT ONLY. FINES MAY APPLY.**

**Tracking:** All shipments must be on automated tracking prior to loading and throughout transit. NO EXCEPTIONS. Any load that is not on automated tracking is not eligible for accessorial compensation of any kind (detention, layover, out of route miles, stop charge, TONU, etc.) Carrier will also be charged a non-compliance fee, a minimum of \$150, for not accepting tracking.

**Sealed Loads:** If driver breaks seal without permission, does not properly apply the seal or fails to notify Spot that a seal was not provided, Carrier agrees to pay claimant for full value of the freight. Carrier is responsible for freight charges to return rejected product to re-consigned location specified by Spot. Carrier will also be responsible for any consequential damages, production downtime or other claims related to broken seals, failure to seal load, late delivery, or other service failures.

**Just In Time Freight:** Late loads risk production issues including, and not limited to, late delivery fines, production downtime claims and rejected loads. Carrier is responsible for returning load in the instance of a rejected load. Spot reserves the right to repower trailer in the event of a breakdown, accident, HOS issues or if the driver is behind on scheduled delivery time.

**Standard Pay Process:** Email [spotbilling@spotinc.com](mailto:spotbilling@spotinc.com) with shipment number in subject line with required paperwork or upload to [MySpot Carrier](#) for standard payment. [Click here](#) for details and further information.

**Quick Pay Process:** If you are interested in Quick Pay, please [click here](#) for details.

**Lumper Reimbursement Process:** Receipts must be sent to [spotbilling@spotinc.com](mailto:spotbilling@spotinc.com) or uploaded to [MySpot Carrier](#) within two business days of delivery unless stated otherwise in the special instructions on your Rate Confirmation. For further details please [click here](#).

**Accessorial Policy:** All requests for accessorial must be submitted via [MySpot Carrier](#), with a clear, legible copy of the BOL/POD within 24 hours of delivery (unless otherwise specified in the Special Instructions) for more information, [click here](#) and then click on Standard Accessorial Policy.

**BY ACCEPTING THIS SHIPMENT FOR TRANSPORTATION, REGARDLESS OF WHETHER SIGNED BELOW, CARRIER AGREES THAT THE [STANDARD TERMS AND CONDITIONS](#) AND THE PROVISIONS ABOVE APPLY ON THIS AND ANY SUBSEQUENT SHIPMENTS TENDERED TO IT BY SPOT FREIGHT (UNLESS A MORE RECENT VERSION OF THESE TERMS AND CONDITIONS IS SUBSEQUENTLY PROVIDED TO CARRIER BY SPOT FREIGHT).**

Carrier Name: \_\_\_\_\_ Date: \_\_\_\_\_

By its Authorized Agent: \_\_\_\_\_



Please visit [myspotcarrier.com](https://myspotcarrier.com) to update information on this shipment.

# BILL OF LADING

Page 1

**SHIP FROM**  
 GENERAL MILLS - S3 (DC31)  
 Address: 315 SHIP CANAL PARKWAY  
 City/State/Zip: Buffalo, NY 14218  
 SID# \_\_\_\_\_ FOB: ☐

Bill Of Lading Number: 8325457



**SHIP TO**  
 Name: GFS ABERDEEN DIST CENTER  
 Address: 504 ADVANTAGE WAY  
 City/State/Zip: ABERDEEN, MD 21001  
 CID# \_\_\_\_\_ FOB: ☐

**CARRIER NAME:** CUSTOMER PICK-UP  
 Trailer number: 97031  
 Seal number(s): 02995669

**SCAC:** CPU

**Pro number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid \_\_\_\_\_ Collect ☒ 3rd Party \_\_\_\_\_

☐ Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

**SPECIAL INSTRUCTIONS** Load: GM88665025 Delivery: 000435187  
 CHEP Count: 20  
 [Dry] For Appts Email: rec.aber@gfs.com | Phone: 410-273-3420 | Fax: 410-273-3423  
 [M:1000] [LO:1622449] [VR:DIRGENERALMILLS] [ZA:727773022] [L1: \_\_\_\_\_]

Master Bill of Lading Number: GM88665025 Stop#1

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
4512239873	739	7624		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	[Dry] For Appts Email: rec.aber@gfs.com   Phone: 410-273-3420   Fax: 410-273-3423   Rec Del Date: 01/08/25   FID: 2005287975   CUB: _____
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>GRAND TOTAL</b>	739	7624	1207		

**CARRIER INFORMATION**

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTN ONLY
QTY	TYPE	QTY	TYPE		NMFC # CLASS
				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	
See Attached Supplement Page					
21		739		8966	
<b>GRAND TOTAL</b>					

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: ☐ 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 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.

**SHIPPER SIGNATURE / DATE**

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.

Trailer Loaded:  
☐ By Shipper  
☐ By Driver

Freight Counted:  
☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

Signature \_\_\_\_\_

Shipper

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent information in the vehicle.

Property described above is received in good order, except as noted

1-8-25

1-8-25



Bill of Lading Number:  
8325457

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT (lbs)	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
20	CHEP	48	CS	192		FRUIT SNACKS NM39970-2	39970-2	55
		433	CA	4252		CEREAL, NOI NM42315	42315	100
		36	CA	504		CRL, COOKED GRNLA TYPE	42380	92.5
		38	CA	316		CRL, POPPED OR PUFFED	42410	100
		144	CS	1505		BARS nutritional/snack NM72045-1	72045-1	100
		20	CS	670		FLOUR OR CORN MEAL IN	73140	55
		0		1340		Chep Pallets	150390-1	100
1	SLIP	20	CS	185		CRL, POPPED OR PUFFED	42410	100
		0		2		- NMFC Not Defined -		
21		739		8966		PAGE SUBTOTAL		

1-8-25

*Signature*



Page 1

<p><b>Flight Counted,</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver (if not, said to contain)</p> <p><input type="checkbox"/> By Driver (if not, said to contain)</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p>Carrier acknowledges receipt of packages and required payments. Carrier certifies emergency response information was made available, unless otherwise noted. Emergency response notebook or equivalent must be in the vehicle.</p> <p><i>[Signature]</i></p>
--	---

**Received by**  
**Gordon Food Service**  
**Aberdeen, MD**

**Cases Received:** MM 1 / DD 9

**Bad Pallet:** MM 1 / DD 9

**By:** MM 1 / DD 9

**SUBJECT TO COUNT**

**Driver Signature:** *[Signature]*