



## INVOICE

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

**INVOICE DATE:** 02/28/2025  
**INVOICE #:** B79318  
**TERMS:** NET 30  
**DUE DATE:** 03/28/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/27/2025		12 W White Oak St, Brinkley, AR 72021 - 113 KOL Driver, Broussard, LA 70518			
		Freight Income	1	\$1,150.00	\$1,150.00

TOTAL
\$1,150.00

**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](mailto:accounting@mcleodlogistics.com)

**\*Thank you for your business\***

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



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

Load Confirmation

Page 1  
1140450

<b>Carrier:</b>	BRZ	<b>Contact:</b>	Smith
	BURBANK IL 60459	<b>Phone:</b>	(708) 303-5150 x227
<b>Date:</b>	02/27/2025	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 1140450	<b>Commodity:</b>	Food Ingredients
	<b>Miles:</b> 390.0	<b>Weight:</b>	42000.0
	<b>Temp:</b>	<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b> 544777	<b>Reference:</b>	

<b>PU 1</b>	<b>Name:</b> Riviana Foods Inc- Brinkley, AR	<b>Date:</b> 02/27/2025 1400
	<b>Address:</b> 12 W White Oak St	
	BRINKLEY AR 72021	<b>Contact:</b> Donald Fuller
	<b>Phone:</b> (870) 734-5050	<b>Driver Load:</b> No driver loading or unload
	<b>Reference number:</b> PO 21141230	
	<b>Reference number:</b> SO x	

<b>SO 2</b>	<b>Name:</b> Doerle Food Service	<b>Date:</b> 02/28/2025 0830
	<b>Address:</b> 113 KOL Driver	
	BROUSSARD LA 70518	<b>Contact:</b> REC
	<b>Phone:</b> (337) 252-8551	<b>Driver Load:</b> No driver loading or unload
	<b>Reference number:</b> AP CHK5104103225FEB25	

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,150.00
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**Carrier Instructions and Requirements:** This form must be completed and returned before driver can be loaded.  
Riviana Foods Inc- Brinkley, AR - Food Graded Trailer  
Doerle Food Service - PLEASE CALL Ben 951-790-8378 BEFORE ENTERING THE FACILITY AND PROVIDE PO#  
Doerle Food Service - Lumper fee at this receiver.  
Doerle Food Service - Receiver will charge a late fee if the driver isn't on time.

Please Sign: *Smith Dabic*

(X) Accept

( ) Decline

**Attention:** Seth Brousseau  
(314) 558-6723  
logistics@mcLeodlogistics.com

**Driver Name:** Benito  
**Driver Cell:** 7867547558  
**Driver Email:**  
**Tractor #:** 854  
**Trailer #:** PTLZ244735



\*SCAC-141254\*



P. O. Box 1440  
Broussard, LA 70518-1440  
(800) 256-1631  
(337) 252-8551

RECEIPT NO.  
21686

## REQUEST FOR UNLOAD PAY/LUMPER RECEIPT

24

DATE: 2-28-2025

VENDOR: Eliviana Foods

AMOUNT: 915.00

DRIVER NAME (Print): Elie Benito Perez

DRIVER SIGNATURE: [Signature]

CARRIER NAME: TRZ INC

DRIVER PHONE NUMBER: 786 754 7558

SYSCO REPRESENTATIVE: Vincent Thompson

**CHOOSE ONE** ➔

☐

**FOODSERVICE**

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**CHAIN**

COMPANY NAME: **SYSCO**

FEDERAL ID NUMBER: **72-0603056**

ADDRESS: **113 KOL DRIVE**


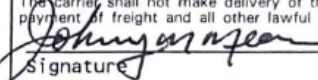
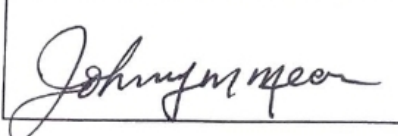
CITY: **BROUSSARD** STATE: **LA** ZIP: **70518**

PQBY  
check

# Bill of Lading

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

P20

Date: 02/27/2025		<b>BILL OF LADING</b>		Page 1		
SHIP FROM				Bill of Lading Number: 00174000586634495  CARRIER NAME: Trailer number: PTL2244735 Seal number(s): 004957  SCAC: Pro Number:  BAR CODE SPACE		
Name: Riviana Foods Inc. RIV BRINKLEY - P Address: 12 W White Oak St City/State/Zip: Brinkley, AR 72021 SID#: 0058663449						
FOB: <input checked="" type="checkbox"/>						
SHIP TO						
Name: DOERLE FOOD SERVICE Address: 113 KOL DRIVE City/State/Zip: BROUSSARD, LA 70518-1440 CID#: 0001407422				Freight Charge terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____  <input type="checkbox"/> Master Bill of Lading: with attached (check underlying Bill of Lading)		
FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:						
SPECIAL INSTRUCTIONS:						
# CHEP: 0    # GMA: 27			***Order Confirmation Recvd*** Chep Account No. Sales order: 51413915 <b>4-36584B</b> <b>6-01185A</b> <b>17-02085A</b>			
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
21141230		810	40,905			
GRAND TOTAL		810	40,905 LB			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION <small>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</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC#	CLASS
27	PAL	810	CS	1,350.00 LB		
		810	CS	40,905.00 LB		
27		810		42,255.00 LB		
				PAGE SUBTOTAL		
al - 1 Case damaged Rice						
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: \$ _____ Free 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		
SHIPPER SIGNATURE & DATE <b>2-27-25</b> 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input checked="" 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.				

Sysco Acadiana 429

Receiving

Date:

Carrier:

Appointment:

Check In:

Door:

Check Out:

2-28-2024  
Bob Smith  
8:30  
8:14  
26  
1019