

INVOICE

BILL TO: VET TRANS LOGISTICS 174 TWIN FALLS DR TROY, MO 63379 INVOICE DATE: 04/17/2025 INVOICE #: B86479 TERMS: NET 30 DUE DATE: 05/17/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/15/2025		1 Pasta Pl, Great Falls, MT 59401 - 18150 County Rd 81, Dayton, MN 55369			
		Freight Income	1	\$1,775.00	\$1,775.00

TOTAL	
\$1,775.00	

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



Dispatcher

Dispatcher: Rodger Hughes Phone: 833-200-5035 Fax: Emergency Phone: 833-200-5035

Load and Rate Confirmation Agreement Load #29836

To accept load please sign and email this sheet back to: operations@vettranslogistics.com

Carrier Information

Load Number:	29836
Carrier Number:	3692
MC Number:	086875
Carrier Name:	Riki Transport Ir
Attention:	
Confirmation Sent	
То:	luke@rtbrz.com

nc

Driver Name: Truck Number: Trailer Number: Carrier Phone: **Carrier Fax:**

Marc 859 W94928 708-303-5150

Load Information

Commodity Value: Load Size:	FAK \$60,000.00 Truckload 189210101 958.00	Pickup Number: Piece Count: Seal Number: Trailer Req: Weight:	1415411 24 125411 Van 41,760
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#1 Shipper

Company:	PASTA MONTANA LLC
Address:	1 Pasta Pl
City/St/Zip:	Great Falls, MT 59401
PU#1415411	

#2 Consignee/Final Destination

Company:	NFI-DAYTON
Address:	18150 County Rd 81
City/St/Zip:	Dayton, MN 55369
DLV#1415411	

CARRIER INSTRUCTIONS:

- VTL needs to be informed of the start of detention up to 30 mins prior. If Broker is not informed of detention at time of PICKUP/ DELIVERY, you will not be reimbursed. In and Out times need to be CLEARLY marked on the BOL, that is the only way we will accept detention.
- Carriers MUST pay lumper receipts. VTL will reimburse upon the receipt. If there is a lumper, VTL needs to be notified at time of PICKUP/DELIVERY. Lumper receipt needs to be sent to operations@vettranslogistics.com no later than 24 hours after delivery. If sent any time after 24 hours from delivery, carrier will NOT be reimbursed.
- Charges by hour may apply for late pick-ups and deliveries if VTL is not previously notified. If appointments are missed and VTL is not notified prior/at all, there will be a \$150 missed appointment fee deducted from rate con.
- All products SHORTAGES/OVERAGES/REJECTIONS must be reported at time of PICKUP/DELIVERY. Failure to report could result in additional charges and/or freight claims.
- Deductions may incur if POD is not sent WITHIN 24 HOURS of delivery being completed.

||DOCID: 797106-67fe88b68fb05711897646

Tuesday, 04/15/2025 at 14:00

Thursday, 04/17/2025 at 10:00

- It is the driver's responsibility to ensure that the load is safe, secure, and legal for transport.
- All Trailers must be clean, empty and odor free with no holes.
- Any deviation from dispatch instructions must be called in immediately.
- Re-brokering, assigning, or interlining of this shipment will void our obligation to pay your freight bill and could result in extra fines.

INVOICING INSTRUCTIONS: Send all invoices to payables@vettranslogistics.com

Settlements are paid within 30 days from the date we receive your invoice. All invoices must include a CARRIER INVOICE, SIGNED RATE CON, SIGNED DELIVERY RECEIPT, BOL, VTL LOAD NUMBER, and LUMPER RECEIPT (if applicable). Any detention reimbursements must have notated and initialed in/out times on the BOL.

Invoices are submitted 24-72 hours after being sent to payables. If there is an error in rate on the carrier invoice or the incorrect rate con is sent, it is completely on the carrier to correct and send back to us within 7 business days. After that time, the invoice will be submitted as it was sent to us, corrected or not. Once the invoice is paid to carrier, we cannot/will not go back and adjust or reimburse for the error submitted on carrier's part.

The undersigned hereby acknowledges as correct and accepts the referenced shipment on behalf of Vet-Trans Logistics. It is agreed that the charges indicated above include all costs and fees in connection with the shipment as described. A minimum of \$100,000.00 cargo insurance is required unless otherwise noted. Invoicing by the CARRIER and payment by the BROKER, constitutes acceptance of this agreement and by signing, this creates a contract carriage shipment.

Carrier understands that re-brokering and double brokering are prohibited by the terms of this agreement and will not re-broker, double broker or assign to interline hereunder without the express written consent of BROKER prior to the shipment being executed by the CARRIER.

THIS AGREEMENT MUST BE SIGNED AND E-MAILED BACK TO US AT: operations@vettranslogistics.com.

By initialing here ______ and executing this confirmation, carrier and carriers' equipment picking up this shipment is compliant with all federal, state regulations and licensing including, but not limited to the new Electronic Logging Devices (ELD) rules mandated by the FMCSA.

Amount to invoice : \$1,775.00

Carrier:	Riki Transport Inc	Invoicing Methods
MC #:	086875	Email (preferred): payables@vettranslogistics.com US Mail: Vet Trans Logistics 174 Twin Falls Dr
By:		Troy, MO 63379
Title:		Payment Options (Initial Below) 21-30 days 21 day ACH \$ 5.00 processing fee will apply Quick Pay (2.5%)

||DOCID: 797106-67fe88b68fb05711897646

Load Rate Confirmation #29836

Signed By: Luke Miche luke@rtbrz.com 04/15/2025 12:27:31 PM CT 50.76.79.115

4/15/2025	3:03:34	PM			BILL OF	LADING	Page 1 o
The second	- RE- CO	SHIP	FROM			Bill of Lading Number	
Name: Address:	Pasta Mon One Pasta P					an gan a shine t	A LINE AND
City/State/Zip: SID#:	Great Falls, I 107,498	MT 59401		FOB:		CARRIER NAME:	DRE
Die L		SHIP	то	a la familia po		Trailer number:	W94928
Name: Address:	18150 Co		c/o NFI - C			Seal number(s):	146300
CID#:				FOB:	N	SCAC: Pro	
	SPEC	IAL INS	TRUCTIO	ONS		number:	
	DELIVER	Y APPO		REQUIR	ED		(9012K)
Special Instr	uctions:	,		1		Freight Charge Terms	: (Freight charges are prepaid unless marke
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Temp Contro							laster Bill of Lading: with attached
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CUSTOMER O	RDER NUMBE		AL QTY IPPED		WEIGHT	Seal Intact	Yes No
1415411		1		10-10-11-1 1	40,320	.00 Cases Received _ # Of Pallets Received	eived
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GRAND TO	TALS	1	,440.00		40,320		LC
11				CA	RRIER IN	IFORMATION	
HANDLING		PACK	AGE		т нм	COM	MODITY DESCRIPTION
QTY	TYPE	QTY	TYPE		(X)	Commidoties requiring special or additi and packaged as to ensure safe transo	ional care or attention in handling or stowing must be so mari ortation with ordinary care. See Section 2(c) of NMFC Item 36
24	Pallets	1,440.00		40,320	0.00	PASTA	
					22 27%		
118			1.64		1.1.1.1.1		
Where the rate is "The agrred or d	s dependent on eclared value of per	value, shippe the property	rs are require is specifically	d to state speci stated by the s	fically in writtin hipper to be n	ng the agreed or declared value of ot exceding	the property as follows:
NOTE Liability		loss or dan	age im this	shipment ma	y be applicat	ble. See 49 U.S.C. 14706(c) (1)) (A) and (B).
RECEIVED, subjection writting betwee classifications an	en the carrier a	nd shipper, if	applicable, ot	herwise to the	rates,	payment of freight and all	e delivery of this shipment without other lawful charges. Driver
shipper, on requ	est, and to all ap		e and federal i	regulations.	Trailer Lo	aded: Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
	ATOREV DAT		15.2	K		hipper By Shipper	
SHIPPER SIGN	-	- 1 '	10 -			By Driver/nallets	Carrier acknowledges receipt of packages and require blacards. Carrier certifies emergency response inform
	ged, marked and ording to the ar	amed materia I labeled, and	als are proper are in proper	condition for	By Dr	By Driver/pieces	was made available and/or carrier has the U.B. DOT emergency response guidebook or equivalent documentation in the vehicle.
SHIPPER SIGN This is to certify the described packate transportation actions and the second s	ged, marked and ording to the ar	amed materia I labeled, and	als are proper are in proper	condition for	Ц ву Бі	By Driver/pieces	was made available and/or carrier has the U.B. DOT emergency response guidebook or equivalent
SHIPPER SIGN This is to certify the described packate transportation actions and the second s	ged, marked and ording to the ar	amed materia I labeled, and	als are proper are in proper	condition for		By Driver/pieces	was made available and/or carrier has the U.B. DOT emergency response guidebook or equivalent

Sca	nned with
CS Ca	amScanner
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Pasta Montana

One Pasta Place Great Falls, MT 59401 USA



PACKING LIST

UN

Sales Order: 67646 Shipment: 107498 Date: 04/15/25 Custmer PO: 1415411

Page 2 of 2

LN#

Item / Catalog #

6.1. 3

Ordered

Shipped

BackOrdred

