


2 OLD DOMINION FREIGHT LINE, INC. (ODFL)
 PO BOX 841324, - DALLAS, TX 75284-1324 USA
 (336) 889-5000



DEST TRM	ORIG TRM	SHIPPER B/L NUMBER		PURCHASE ORD NO	TYPE	COPY	07/18/24		
RTO	NHO								
0 CAR CD	0 CAR REV	ODFL REV	0 CAR W/B NO	BILL TO CD	TRL NO	W/B DATE	WAYBILL NUMBER		
					490079	07/15/24	78046350951		
JAMES HARDIE 10901 ELM AVE FONTANA CA 92337 ANDY LUERA				DEST M. CAR	PRECISE MECHANICAL SALES SERVIC 2414 BLACK GOLD CT HOUSTON TX 77073 LISA ROBBINS			PAGE NO 1 of 2	
0 CAR CD				D CAR REV		ODFL REV		ACK NO	
WAYBILL NUMBER				O/AGT		D/AGT		MASTER BILL NO	
78046350951									
PCS	HM	DESCRIPTION			WEIGHT	AS WEIGHT	RATE	PREPAID	COLLECT
1		HANDLING UNITS: 1 OF TYPE SKID Reference# 979677098 SKID Indv Pcs: 1 SKID CL2002 Vacuum Pump 085 48" L X 48" W X 36" H Cnt: 1 CALIFORNIA COMPLIANCE SURCHARGE FUEL SURCHARGE ODFL RTO PHONE (909)-820-1141							
								C.O.D.	
TTL PCS	CONSIGNEE CD	SHIPPER	TARIFF	DUE ODFL	TTL WEIGHT	TTL AS WEIGHT	CONTD.		
RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY: Yes, Shrink Wrap Intact  COMPANY: STEVEN DATE: 07/18/2024				EXCEPTIONS: <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Sort & Seg Pieces: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Shrink Wrap Intact Unless Otherwise Noted			TOTAL PREPAID TOTAL COLLECT CASH <input type="checkbox"/> CHK <input type="checkbox"/> CHG <input type="checkbox"/> PCS. DEL'D DATE DEL'D		
SEAL# (IF APPLC)				DRIVER: FLEMING, AARON A.			DELIVERY RECEIPT		

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0 CAR CD				D CAR REV		ODFL REV		ACK NO	
WAYBILL NUMBER				O/AGT		D/AGT		MASTER BILL NO	
78046350951									
PCS	HM	DESCRIPTION			WEIGHT	AS WEIGHT	RATE	PREPAID	COLLECT
		ODFL RTO TOLL-FREE (866)-222-6335 VISIT WWW.ODFL.COM							
1		12923307	559		3000			C.O.D.	
TTL PCS	CONSIGNEE CD	SHIPPER	TARIFF	DUE ODFL	TTL WEIGHT	TTL AS WEIGHT			
RECEIVED IN GOOD CONDITION EXCEPT AS NOTED				EXCEPTIONS:			TOTAL PREPAID TOTAL COLLECT		
BY:				<input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Sort & Seg Pieces: <input type="checkbox"/> Lift Gate <input checked="" type="checkbox"/> Shrink Wrap Intact Unless Otherwise Noted <input type="checkbox"/> Other:			CASH <input type="checkbox"/> CHK <input type="checkbox"/> CHG <input type="checkbox"/> PCS. DEL'D DATE DEL'D		
COMPANY:				DRIVER:			DELIVERY RECEIPT		
DATE:				FLEMING, AARON A.					
SEAL# (IF APPLC)									