



Ph: 717.701.2468  
5765 Whinstone Way  
Chambersburg, PA 17202

WAYBILL  
NUMBER

# BILL OF LADING

Shippers Reference No. <b>8000</b>		
Company <b>Wake Forest University</b>		
From (Your Name) <b>Chris Boyles</b>	Phone No. <b>717.701.2468</b>	
Street Address <b>Wingate Rd. Manchester Athletic Complex</b>		
City <b>Winston-Salem</b>	State <b>NC</b>	Zip (Required) <b>27106</b>

Consignee's Reference No. <b>8312</b>		
Company <b>Cal Poly - SLO - Track Complex</b>		
To (Consignee Name) <b>Paul Terek</b>	Phone No. <b>517.256.0102</b>	
Street Address (No P.O. Box) <b>Slack St.</b>		
City <b>San Luis Obispo</b>	State <b>CA</b>	Zip (Required) <b>93405</b>

<b>SERVICE REQUESTED</b>	
<b>Guaranteed Services</b>	
<input type="checkbox"/>	Guaranteed First Arrival (EMR1)
<input type="checkbox"/>	Guaranteed Overnight (EMR 2)
<input type="checkbox"/>	Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/>	Guaranteed 2 <sup>nd</sup> Day (ER2DD)
<input type="checkbox"/>	Saver
<b>Standard Services</b>	
<input type="checkbox"/>	Overnight (Next Bus Day)
<input checked="" type="checkbox"/>	Second Day
<input type="checkbox"/>	Economy
<input type="checkbox"/>	Next Flight Available
<input type="checkbox"/>	_____

<b>BILLING INFORMATION</b>	
<input type="checkbox"/> Prepaid (Shipper)	\$ Per RQN Payment Received (paid in advance)
<input type="checkbox"/> Collect (Consignee)	Rate Quote Number <b>1111111</b>
<input checked="" type="checkbox"/> 3 <sup>rd</sup> Party (Acct. No. Req'd.)	
Account No. <b>222378413</b>	
Company/ Name <b>Fly-Away Pole Protection</b>	
C.O.D. <b>\$ 0</b>	

<b>HANDLING INFORMATION (*Special Rate May Apply)</b>					
<input type="checkbox"/> Hold at Station	<input type="checkbox"/> *Dangerous Goods	<input type="checkbox"/> *Saturday Delivery	<input type="checkbox"/> *Special Delivery	<input type="checkbox"/> *Convention	
Special Instructions/Additional Reference Info: RMK 1 <b>CAUTION - CAUTION - FRAGILE</b>					
RMK 2 <b>Alt Consignee Phone:</b>					
No of Pcs. <b>1</b>	Weight <b>55</b>	Length <b>198</b>	Width <b>8</b>	Height <b>8</b>	Description <b>POLE VAULT POLES</b>
Total Pcs. <b>1</b>	Total Wt. <b>55</b>	Reweigh	SKID SAID TO CONTAIN		NO. OF PIECES
RELEASE SIGNATURE X (Sender authorizes shipper to deliver without a delivery signature.)					

AIRBILL  
NUMBER

Carrier: **ABC, Inc.**

DECLARED VALUE <b>\$ 500.00</b>	<b>FOR DRIVER / AGENT USE ONLY</b>		
	RECEIVED AT	CHARGES ADVANCED	PRO NUMBER
	<input type="checkbox"/> SHIPPER'S DOOR	<b>OUTSIDE CARRIER:</b>	CARRIER NAME
	<input type="checkbox"/> SERVICE STATION		

I certify that this cargo does not contain any unauthorized person or any unauthorized explosive, incendiary, or other destructive substance or item. I am aware that this endorsement and original signature and other shipping documents will be retained on file for a minimum of 30 calendar days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X		PRINT NAME X <b>Chris Boyles</b>	DATE <b>1/1/10</b>
<b>RECEIVED BY DRIVER/AGENT</b>			Type of ID:
Driver Signature:	Shipper must sign this bill and produce the proper identification. One government issued photo ID is acceptable. The TSA requires 2 forms of ID if the first is not a photo ID issued by a gov't authority.	Name from whom shipment was accepted:	Matching photo ID? Yes No
Print Name:		Name of employee or rep who verified ID	Type of 2 <sup>nd</sup> ID (If required):
Pick Up Date:	Pick Up Time:	Driver No.	Matching photo on ID? Yes No

(SHIPMENT MAY BE DIVERTED TO ANOTHER TRANSIT MODE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)