



How to fill out a Bill of Lading

A quick guide



Standard Bill of Lading Form

- * Traditional Portrait layout
- * Actual size of this form is 8.5" X 11"

Date: _____ **BILL OF LADING** Page _____

SHIP FROM		Name: _____		Bill of Lading Number: _____	
Address: _____		City/State/Zip: _____		BAR CODE SPACE	
SID#: _____		FOB: <input type="checkbox"/>			
SHIP TO		Name: _____		CARRIER NAME: _____	
Address: _____		City/State/Zip: _____		Trailer number: _____	
CID#: _____		Location #: _____		Seal number(s): _____	
FOB: <input type="checkbox"/>				SCAC: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		Pro number: _____	
Address: _____		City/State/Zip: _____		BAR CODE SPACE	
SPECIAL INSTRUCTIONS: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>		Prepaid _____ Collect _____ 3 rd Party _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		(check box)	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
GRAND TOTAL					
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	LTL ONLY
				H.M. (X)	NMFC # CLASS
GRAND TOTAL					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
				Customer check acceptable: <input type="checkbox"/>	
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			Signature		Shipper
Trailer Loaded:			Freight Counted:		CARRIER SIGNATURE / PICKUP DATE
<input type="checkbox"/> By Shipper			<input type="checkbox"/> By Shipper		Carrier acknowledges receipt of packages and required permits. Carrier certifies emergency response information has been made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
<input type="checkbox"/> By Driver			<input type="checkbox"/> By Driver/pallets said to contain		Property described above is received in good order, except as noted.
			<input type="checkbox"/> By Driver/Pieces		

Our walk through will take sections of this BOL and detail the areas that are required to be completed for each shipment.





Section 1

Date: _____		BILL OF LADING		Page _____
SHIP FROM				
Name: _____		Bill of Lading Number: _____		
Address: _____		BAR CODE SPACE		
City/State/Zip: _____				
SID#: _____		FOB: <input type="checkbox"/>		
SHIP TO				
Name: _____		Location #: _____		
Address: _____		CARRIER NAME: _____		
City/State/Zip: _____		Trailer number: _____		
CID#: _____		Seal number(s): _____		
FOB: <input type="checkbox"/>		SCAC: _____		
		Pro number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name: _____		BAR CODE SPACE		
Address: _____				
City/State/Zip: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>		
SPECIAL INSTRUCTIONS: _____		Prepaid _____ Collect _____ 3 rd Party _____		
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		

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FREIGHT SERVICES

Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06141411234567890  <small>(402) 06141411234567890</small>
SHIP TO		
Name: XYZ Company Location #: 0669 Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: LTL Transportation Trailer number: _____ Seal number(s): _____ SCAC: ABCD Pro number: 12345678901234567890
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____		 <small>(9012K) ABCD12345678901234567890</small>
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____		
SPECIAL INSTRUCTIONS: _____		
<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading <small>(check box)</small>		

Date: MM/DD/YY Format which freight was shipped or picked up by carrier.

“Ship From” Fields: (Mandatory)

Name: The company shipping the product.



Address: The shipping street address. (An additional address line is optional)

City, State, Zip: The shipping city, state and zip code.

SID #: Optional: Shipment ID number, may be used to document if a number is applied by the shipper to this shipment.

FOB Optional: Data box to indicate (via “x” in box) that the FOB is based on the Ship From address.

MESCA FREIGHT SERVICES

Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#: _____		Bill of Lading Number: 06141411234567890  (402) 06141411234567890
FOB: <input type="checkbox"/>		
SHIP TO		
Name: XYZ Company Location #: 0669 Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#: _____		CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____ SCAC: ABCD Pro number: 12345678901234567890
FOB: <input type="checkbox"/>		 (9012K) ABCD12345678901234567890
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____		
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Prepaid _____ Collect <u>X</u> 3 rd Party _____		
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)

“Ship To” Fields: (Mandatory)

Name: The company receiving the product.

Address: The address where the product is physically delivered. (Additional address line is optional)



City, State, Zip: The city, state and zip where the product is to be physically delivered.

CID #: Optional: Consignee ID number, may be used to document if a number is applied by the consignee to this shipment

Location #: The number assigned to consignee’s ship to address, if applicable.

FOB Optional: Data box to indicate (via “x” in box) that the FOB is based on the Ship To address.

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Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: <i>ABC Company</i> Address: <i>.1000.ABC.Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____		FOB: <input type="checkbox"/>
		Bill of Lading Number: 06141411234567890  (402) 06141411234567890
SHIP TO		
Name: <i>XYZ Company</i> Location #: 0669 Address: <i>9000.XYZ.Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____		FOB: <input type="checkbox"/>
		CARRIER NAME: <u><i>LTL Transportation</i></u> Trailer number: _____ Seal number(s): _____
		SCAC: ABCD Pro number: 12345678901234567890  (9012K) ABCD12345678901234567890
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____		
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Prepaid _____ Collect <u>X</u> 3 rd Party _____		
SPECIAL INSTRUCTIONS: _____		<input type="checkbox"/> Master Bill of Lading; with attached (check box) underlying Bills of Lading

“Bill To” Fields: (Conditional)

Only used if different from the “Ship From” company on prepaid shipments or the “Ship To” company on collect shipments.



Name: The company paying the freight invoice.

Address: The address where the freight invoice is to be mailed.

City, State, Zip: The city, state, and zip code where the freight invoice is to be mailed.

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FREIGHT SERVICES

Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: <i>ABC Company</i> Address: <i>.1000.ABC.Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____	Bill of Lading Number: 06141411234567890  (402) 06141411234567890	FOB: <input type="checkbox"/>
SHIP TO		
Name: <i>XYZ Company</i> Location #: 0669 Address: <i>9000.XYZ.Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____	CARRIER NAME: <u><i>LTL Transportation</i></u> Trailer number: _____ Seal number(s): _____	FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____	SCAC: ABCD Pro number: 12345678901234567890  (9012K) ABCD12345678901234567890	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 rd Party _____
SPECIAL INSTRUCTIONS: 		
<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		

Special Instructions: (Conditional)

To be used for directions to the carrier such as protected services and delivery instructions. Individual Bill of Lading numbers are listed in this space for shipments requiring the use of a Master Bill of Lading. If not enough space is provided in this area, the “additional shipper info” space may be used.



Date: 02/01/1999		BILL OF LADING	Page 1
SHIP FROM			
Name: ABC Company		Bill of Lading Number: 06141411234567890	
Address: 1000.ABC.Drive			
City/State/Zip: Any City, AB, 10000		(402) 06141411234567890	
SID#: _____	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: LTL Transportation	
Name: XYZ Company	Location #: 0669	Trailer number: _____	
Address: 9000.XYZ.Drive		Seal number(s): _____	
City/State/Zip: Some City, ZY 90000		SCAC: ABCD	
CID#: _____	FOB: <input type="checkbox"/>	Pro number: 12345678901234567890	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____		(9012K) ABCD12345678901234567890	
Address: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: _____		Prepaid _____ Collect <u>X</u> 3 rd Party _____	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		(check box)	



Bill of Lading Number: (Mandatory)

The Bill of Lading number is created by the shipper to identify a unique shipment. The Bill of Lading number shall not be identical to the carrier pro number, the customer order number, nor the date. The Bill of Lading number is transmitted on the 856 and 214 EDI transaction sets. See section III of this document for details about the VICS standard Bill of Lading number.

Bar Code Space: (Optional)

This space is reserved for bar coding of the Bill of Lading number and SCAC/Pro number. See Section III for more information about the bar code.

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Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: <i>ABC Company</i> Address: <i>.1000.ABC.Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____		Bill of Lading Number: 06141411234567890  (402) 06141411234567890
FOB: <input type="checkbox"/>		
SHIP TO		
Name: <i>XYZ Company</i> Location #: 0669 Address: <i>9000.XYZ.Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____		CARRIER NAME: LTL Transportation Trailer number: _____ Seal number(s): _____ SCAC: ABCD Pro number: 12345678901234567890
FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____		 (9012K) ABCD12345678901234567890
Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect X 3 rd Party _____		
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading <small>(check box)</small>

Carrier Fields:

Name: The full name of the carrier picking up the shipment. **(Mandatory)**

SCAC: The four-letter alpha code identifying the carrier and assigned by the NMFTA. **(Mandatory)** (the NMFTA may be contacted at 703-838-1868)



Trailer Number: Used if a truckload carrier hauls the shipment. **(Conditional)**

Seal Number: Used if the shipment is a full truckload from the origin to destination.
(Conditional)

Pro Number: Used if an LTL carrier hauls the shipment. **(Conditional)**

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FREIGHT SERVICES

Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: <i>ABC Company</i> Address: <i>.1000.ABC.Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____		Bill of Lading Number: 06141411234567890  (402) 06141411234567890
FOB: <input type="checkbox"/>		
SHIP TO		
Name: <i>XYZ Company</i> Location #: 0669 Address: <i>9000.XYZ.Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____		CARRIER NAME: <u><i>LTL Transportation</i></u> Trailer number: _____ Seal number(s): _____ SCAC: ABCD Pro number: 12345678901234567890
FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ City/State/Zip: _____		 (9012K) ABCD12345678901234567890
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Prepaid _____ Collect <u>X</u> 3 rd Party _____		
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> <small>(check box)</small> Master Bill of Lading: with attached underlying Bills of Lading

Terms: (Mandatory)

Indicates which party is invoiced and responsible for payment of the freight invoice.

Master Bill of Lading Indicator: (Conditional)

If checked, indicates this is a Master Bill of Lading and has underlying Bills of Lading attached.

The underlying Bill of Lading numbers shall be referenced in the special instructions.



Section 2

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL					



CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
45012345698	144 ctns	1152 lbs	<input checked="" type="radio"/>	<input type="radio"/>	
6805673	15 ctns	45 lbs	<input type="radio"/>	<input checked="" type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
GRAND TOTAL	159 ctns	1197 lbs			

Customer Order Information Section: (Conditional)

Customer Order Number: The number generated by the customer to identify the order.

Packages: The number of individual packages or cartons on the shipment, regardless of whether the product is unitized or not.

When it is necessary to ship paperwork as part of the shipment, the paperwork handling unit (e.g., Carton / box / envelope) must be documented and included in the Customer Order Information or the Special Instructions section on the VICS BOL. The total number of packages should equal the total in the Carrier Information section.

Weight: The weight of all the packages by customer order number (excluding the weight of pallets/Slip Sheets). The total weight in this section may not equal the total weight in the Carrier information section.



CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
45012345698	144 ctns	1152 lbs	<input checked="" type="radio"/>	<input type="radio"/>	
6805673	15 ctns	45 lbs	<input type="radio"/>	<input checked="" type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	
GRAND TOTAL	159 ctns	1197 lbs			

Customer Order Information Section: (Conditional)

Pallet/Slip: Indicates whether the product is unitized (i.e. pallets or slips). See Appendix C for examples of how to document this information using this column.

Additional Shipper Information: Any other information requested by the customer. This space may also be used to document “special instructions” information if additional space is needed



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

Carrier Information:

Handling Unit:

Quantity: The number of handling units listed by commodity type. **(Mandatory)**

Type: The type of handling unit, i.e. pallets, slips, cartons, bundles, drums. **(Mandatory)**

Package:

Quantity: The number of packages or cartons listed by commodity type. The total number of packages should equal the total in the Customer Order Information section. **(Conditional)**

Type: The type of package, i.e. cartons, bundles, rolls, drums. **(Conditional)**

Weight: The weight of the handling units (includes the weight of pallets, slip sheets, etc.) The total weight in this section may not equal the total weight in the Customer Order Information section. **(Mandatory)**



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

Carrier Information: (Continued)

Hazardous Material: Indicate “X” if the product shipped is classified as Hazardous Material. If marked, the shipment must follow the Hazardous Material requirements of the U.S. Department of Transportation 49 CFR. (See next page for details) **(Conditional)**

Commodity Description: The general product description as listed in the NMFC. **(Mandatory)**

NMFC Number: The NMFC number tied to the commodity classification. **(Conditional)**

Class: The freight class of the commodity as classified by the NMFC. **(Conditional)**



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

Hazardous Materials Regulations: General Instructions for separate Hazardous Item List:

1. The first entry of the H.M. column in the Carrier Information section must be marked with an "X".
2. In the corresponding line in the Commodity Description column reference the attachment as follows: **"Hazardous Material – See Attached Hazardous Item Listing"**.

WARNING: The product description as listed by the National Motor Freight Classification is not required.

3. The format and content of the hazardous item list is the responsibility of individual company interpretation of requirements as described in 49 CFR, 172 Subpart C – Shipping Papers.



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

Hazardous Materials Regulations: (Continued)

4. If the Supplement Page is used, the following usage rules for hazardous material shipments apply:

- A. The following one line entry is placed in the Commodity Description column on the first page: **“Hazardous Material - See Attached Supplement Page(s)”**.
- B. The hazardous bill of lading with Supplement Pages should be numbered X of Y.
- C. The general format and page title are not to be changed to make the Supplement Page a hazardous item listing. The format of the Supplement Page can be changed to display only the Carrier Information section.



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

Hazardous Materials Regulations: (Continued)

5. The Commodity Description column can be modified to accommodate the hazardous material description (See Section IV The Rules of Use for the Standard Bill of Lading).
6. The emergency contact information must be placed either in the Special Instructions section or the space provided below the Shipper Signature / Date section.

WARNING: If specific handling units within the shipment have different consignors, refer to 49 CFR for placement of multiple emergency contact information requirements.

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FREIGHT SERVICES

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input 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. <i>Property described above is received in good order, except as noted.</i>

Declared Value: (Optional) Permits the shipper to document the value of the goods being shipped. The shipper typically pays a surcharge to the carrier to guarantee additional insurance coverage up to the full-declared value of the goods hauled. Only used for shipments riding under a contract that would not otherwise provide full insurance protection or do not refer to the NMFC for a release value. Most commonly used for small package or air carriers.

COD Section: (Optional) Used when cash on delivery is required.

Non-Recourse Shipper's Signature (previously referred to as Section 7): (Optional)

Signed by the shipper when they need to protect themselves from default on the part of the consignee.

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FREIGHT SERVICES

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for his/her own use and his/her assigns.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input 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. <i>Property described above is received in good order, except as noted.</i>

Shipper Signature/Date: (Mandatory) Indicates that the shipper agrees that the information listed on the Bill of Lading is correct, that the documentation of the shipment follows the requirements of the U.S. DOT and confirms the date of the Bill of Lading signature.

Trailer Load/Freight Counted: (Mandatory) Indicates which party loaded the trailer and which party counted the freight. Also indicates whether the driver for claims purposes counted pieces or pallets.

Carrier Signature/Pickup Date: (Mandatory) Indicates that the carrier agrees to have received the entire product as listed on the Bill of Lading, that the shipment follows the requirements of the U.S. DOT, and documents the pickup date.



Use of the Supplement to the Bill of Lading

The Supplement to the standard Bill of Lading was created to offer more lines for the shippers to fill in shipment data. The Supplement is not a separate Bill of Lading, but instead a continuation of the first page of the Bill of Lading. For this reason ***the Supplement has the same Bill of Lading number as the number on page one.***

The Supplement was designed to reduce the need for creating a Master Bill of Lading because the shipper needs more lines to document the shipment information.

The Supplement is not required for the Bill of Lading. It is preferred that only one page contain all the necessary information for that shipment. In addition, the supplement page can be modified to reduce or eliminate either the Customer Order Information or Carrier Information section based on which one is needed to satisfy the need for additional space (Section 1, pgs 10,11).



CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
SEE ATTACHED			Y	N	
SUPPLEMENT PAGE			Y	N	
			Y	N	
GRAND TOTAL	2166 ctns	14978 lbs			

If a shipper needs more lines on the Bill of Lading than are provided in the body of the Bill, use the Supplement page. When the Supplement to the Bill of Lading is used, the shipper shall state in the body of the Bill of Lading, ***“See attached Bill of Lading Supplement”***. The shipment details shall be listed on the supplement page with a subtotal. **The Grand total of all items listed in the supplement pages is recorded on the first page of the Bill of Lading.**

The shipper is not to begin listing the shipment data on the Bill of Lading page and then continue listing the shipment data on the Supplement. If all shipment content data will not fit on the front page of the Bill of Lading, none of the data shall be entered on that page. All shipment data shall be listed on the Supplement page.



CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# OF PKGS	WEIGHT (lbs)	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
160763145	25	288	Y	<input type="radio"/> N	25 floor loaded loose
16763642	160	800	Y	<input type="radio"/> N	
160763643	201	1005	Y	<input type="radio"/> N	1 floor loaded loose
160758227	206	1836	Y	<input type="radio"/> N	6 floor loaded loose
16763646	135	810	Y	<input type="radio"/> N	
160763648	305	2430	Y	<input type="radio"/> N	5 floor loaded loose
160763756669	882	5280	Y	<input type="radio"/> N	
107636459	161	805	Y	<input type="radio"/> N	31 floor loaded loose
16044763209	69	1587	Y	<input type="radio"/> N	
160758224	22	137	Y	<input type="radio"/> N	
			Y	N	Envelope: Bill of Lading to travel
			Y	N	with shipment
			Y	N	
			Y	N	
PAGE SUBTOTAL	2166	14978			

Customer Order Information Section: (Conditional)

Complete the customer order information section in the same manner you would on the Bill Of Lading. Calculate the subtotal for each supplemental page completed.



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
See Attached Supplement Page								
13		1000		5000 lbs		GRAND TOTAL		

As with the Customer Order Information section, if a shipper needs more lines on the Bill of Lading than are provided in the body of the Bill for the Carrier Information, use the Supplement page. When the Supplement to the Bill of Lading is used, the shipper shall state in the body of the Bill of Lading, ***“See attached Bill of Lading Supplement”*** or ***“See attached Supplement Page”***. The shipment details shall be listed on the supplement page with a subtotal. **The Grand total of all items listed in the supplement pages is recorded on the first page of the Bill of Lading.**

The shipper is not to begin listing the shipment data on the Bill of Lading page and then continue listing the shipment data on the Supplement. If all shipment content data will not fit on the front page of the Bill of Lading, none of the data shall be entered on that page. All shipment data shall be listed on the Supplement page.

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FREIGHT SERVICES

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT (lbs)	H.M (X)	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(a) of NMFC Item 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	pits	50	ctns	100		Sport Accessories	154865 00	70	
		20	ctns	100		Clothing NOI	049880 03		
1	pits	20	ctns	50		Video, Tape Recording	168955 03	92.5	
		20	ctns	100		Clothing NOI	049880 03		
		20	ctns	100		Sport Accessories	154865 00	70	
		5	ctns	150		Video, Tape Recording	168955 03	92.5	
		5	ctns	50		Recordings, Sound, Disc, Tape	168945 01	100	
1	pits	20	ctns	50		Clothing NOI	049880 03		
		20	ctns	50		Cotton Hosiery	049940 00		
		40	ctns	100		Sport Accessories	154865 00	70	
1	pits	50	ctns	250		Clothing NOI	049880 03		
		20	ctns	100		Recordings, Sound, Disc, Tape	168945 01	100	
		10	ctns	50		Sport Accessories	154865 00	70	
1	pits	20	ctns	100		Clothing NOI	049880 03		
		50	ctns	250		Cotton Hosiery	049940 00		
		10	ctns	50		Sport Accessories	154865 00	70	
1	pits	30	ctns	150		Clothing NOI	049880 03		
		50	ctns	250		Sport Accessories	154865 00	70	
1	pits	20	ctns	250		Recordings, Sound, Disc, Tape	168945 01	100	
		10	ctns	50		Cotton Hosiery	049940 00		
		10	ctns	50		Sport Accessories	154865 00	70	
		10	ctns	50		Clothing NOI	049880 03		
		10	ctns	50		Video, Tape Recording	168955 03	92.5	
1	pits	80	ctns	400		Sport Accessories	154865 00	70	
1	pits	20	ctns	100		Video, Tape Recording	168955 03	92.5	
		60	ctns	300		Recordings, Sound, Disc, Tape	168945 01	100	
1	pits	80	ctns	400		Video, Tape Recording	168955 03	92.5	
1	pits	80	ctns	400		Video, Tape Recording	168955 03	92.5	
1	pits	30	ctns	150		Recordings, Sound, Disc, Tape	168945 01	100	
		50	ctns	250		Video, Tape Recording	168955 03	92.5	
1	pits	50	ctns	250		Cotton Hosiery	049940 00		
		20	ctns	100		Sport Accessories	154865 00	70	
		10	ctns	50		Clothing NOI	049880 03		
13		1000		5000		PAGE SUBTOTAL			

Carrier Information:



Complete the Carrier Information section in the same manner you would on the Bill Of Lading. Calculate the subtotal on each supplemental page completed.

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FREIGHT SERVICES

Section 5

Use of Master Bill Of Lading

Date: 02/01/1999		BILL OF LADING		Page 1	
SHIP FROM			Bill of Lading Number: 06141411234567890		
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____			 (402) 06141411234567890		
FOB: <input type="checkbox"/>					
SHIP TO			CARRIER NAME: <u>Truckload Transportation</u>		
Name: <i>XYZ Company</i> Location #: _____ Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____			Trailer number: <i>EFGH56789</i> Seal number(s): <i>654329873</i>		
FOB: <input type="checkbox"/>			SCAC: <i>EFGH</i> Pro number: 2345678901234567890		
THIRD PARTY FREIGHT CHARGES BILL TO:			 (9012K) EF GH 12345678901234567890		
Name: _____ Address: _____ City/State/Zip: _____			Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u>X</u> 3 rd Party _____		
SPECIAL INSTRUCTIONS: <i>Underlying Bill of Lading Numbers:</i> 06141411234567906, 06141411234567913			<input checked="" type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
166314542648	206	1836 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N		
16076364298	305	2430 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N		
16793643	882	5280 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N		
			<input type="radio"/> Y <input type="radio"/> N		
			<input type="radio"/> Y <input type="radio"/> N		
GRAND TOTAL	1393	9546 lbs			
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	LTL ONLY
6	<i>plts</i>	511	<i>ctns</i>	4266 lbs	NMFC # CLASS
9	<i>plts</i>	882	<i>ctns</i>	5280 lbs	
15	1393	9546 lbs		GRAND TOTAL	
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 _____ OR _____.				COD Amount: \$ _____	
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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				CARRIER SIGNATURE / PICKUP DATE	
Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" 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 acknowledges receipt of packages and required documents. 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.	



Use of Master Bill of Lading

A Master Bill of Lading is created for three shipment scenarios:

1. Consolidation shipments
2. Invoice per Bill of Lading per customer order
3. Truckload shipments with multiple stops

For these scenarios, the purpose of the Master Bill of Lading is to tie the underlying Bills of Lading together into one shipment for freight rating and billing purposes.

The standard Bill of Lading is used as a Master Bill of Lading by checking the “Master Bill of Lading” indicator box. The underlying Bill of Lading numbers shall be referenced in the Special Instructions field on the Master Bill of Lading. The Master Bill of Lading number shall be referenced in the Special Instructions field on the underlying Bills of Lading.

The development of the Supplement Page to the Bill of Lading eliminates the use of a Master Bill of Lading for the purpose of needing more lines to fit all the information on one page (see section V). The Master Bill of Lading shall not be used for this purpose.



Often a Master Bill of Lading, with underlying Bills of Lading attached, is used in conjunction with the 856 Ship Notice Manifest and the 214 Carrier Shipment Status EDI transaction sets. In this case, **the Master Bill of Lading number is the number that is transmitted on the EDI transaction sets representing that shipment.** Do not transmit the underlying Bill of Lading numbers as that causes confusion as to which Bill of Lading number is the one to be used. The use of a Master Bill of Lading is a complex aspect of shipping that may be better shown by example. Below are business scenarios of how a Master Bill of Lading should be used.



Business Scenarios:

Consolidation Shipments:

The most common need for a Master Bill of Lading occurs when a shipper ships through a consolidator, or a flow through center, instead of shipping directly to the consignee warehouse or distribution center. In this scenario, multiple shipments of one or more customer orders are combined into one shipment from the shipper to the consolidation point.

One underlying Bill of Lading shall be made for each distribution center shipment, with a Master Bill of Lading summarizing the total shipment for the consolidator. The consolidator uses the underlying Bills of Lading to distribute the shipment to each distinct final ship point.

The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to the consignee. For example, if there are three final ship points, the shipper will send three 856 transactions all including the same Master Bill of Lading number to represent each shipment. The underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading and the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.



Business Scenarios: (Continued)

Invoicing per Customer Order Required:

A second need for a Master Bill of Lading occurs when the consignee requires the shipper to invoice on a per customer order basis. For example, the supplier receives three separate orders from their customer. All three orders need to ship at the same time and to the same location so the supplier will ship them all on the same trailer. Typically, this is one shipment that would have only one Bill of Lading covering all purchase orders.

However, due to the supplier system requirement of matching each invoice number with a Bill of Lading number, and the customer requirement that the supplier invoice each order separately, the supplier must create a Bill of Lading per order number. This often results in multiple Bills of Lading for one shipment to one destination. To combine the separate Bills of Lading together into one shipment, the supplier creates a Master Bill of Lading at the point of shipment.

The Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to the consignee. The underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading and the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.



Business Scenarios: (Continued)

Truckload Shipments with Multiple Stops:

The third use of a Master Bill of Lading occurs when a prepaid full truckload shipment is dispatched with multiple unloading destinations for the same consignee. This is considered a multiple stop-off shipment. Each stop on this shipment must have its own unique underlying Bill of Lading with its own Bill of Lading number to keep it clear that each stop is a separate shipment.

Based on carrier agreements on multiple stop truckload shipments, the use of the Master Bill of Lading is optional.

The Master Bill of Lading may be used to combine the individual Bills of Lading together for freight tracking, rating and billing. The Master Bill of Lading shall not include all the customer order detail; only the Grand Totals shall be listed on the Master. **State “See Attached Underlying Bills of Lading” on the Master Bill of Lading** so the carrier signs for the freight on each underlying Bill of Lading. Like the other scenarios, the underlying Bill of Lading numbers shall be printed in the Special Instructions space of the Master Bill of Lading. **It is crucial in this scenario that the numbers be listed in the sequence that they are to be unloaded.** For example, the underlying Bill of Lading number for the product that is loaded in the tail of the trailer will be listed first as stop #1, because that freight will be unloaded first. The Master Bill of Lading shall also clearly state “Multiple Stop Load”. As before, the Master Bill of Lading number shall be printed in the Special Instructions space of each underlying Bill of Lading.

When a Master Bill of Lading is created, the Master Bill of Lading number shall be sent on the related EDI transaction sets (specifically the EDI 856 and 214) to represent each shipment to each consignee. For example, if there are three unloading destinations, the shipper will send three 856 transactions all including the same Master Bill of Lading number to represent each shipment.

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FREIGHT SERVICES

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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
1	PLTS	30	CTNS	200 lbs	X	Ethylene dichloride, 3, UN1184, PG II, (6.1)	85860	70
2	PLTS	90	CTNS	600 lbs	X	Butyryl chloride, 3, UN2353, PG II, (6.1)	85880	70
3		120		800 lbs		GRAND TOTAL		

Option 1-A: Hazardous Material information placed on front page of VICS BOL



Please contact your local MESCA representative to find out how your company can be set up to create Bill of Ladings automatically by using our [MESCA Vision TMS System](#).

If you are not part of the MESCA family and would like more information about how to become a member, please contact our main office at 1-877-440-7447.

For a copy of the VICS Bill of Lading please click below for the format you would like;

VICS Bill Of Lading; [PDF format](#), [Microsoft Word format](#)

VICS Supplement to the Bill of Lading; [PDF format](#), [Microsoft Word format](#)