

## Driver Pay Sheet

SPLIT PAY

Shipper: KL Chempak, Inc.

Tractor: 2506

Trailer: 3027

Consignee: Electri-Flex

Load: 3/12/2015

Load ID #: 46409

Deliver: 3/16/2015

BOL #: 031215C

<u>Item</u>	<u>Operator</u>	<u>KL ChemPak</u>	<u>Total</u>
LineHaul	\$145.50	\$339.50	\$485.00
Tolls	\$0.00	\$0.00	\$0.00
TankWash	\$0.00	\$0.00	\$0.00
Fuel Surcharge 22%	\$0.00	\$106.70	\$106.70
Self Loading	\$28.50	\$66.50	\$95.00
Scale	\$0.00	\$25.00	\$25.00
Administrative Fee	\$0.00	\$40.00	\$40.00
Unld Detention 1.75 Hours	\$61.25	\$61.25	\$122.50
Total	\$235.25	\$638.95	\$874.20

David Phillips 0.51%

<u>Pay Item</u>	<u>Amount</u>
Self Loading	\$28.50
Total	\$28.50

Kristopher Kotras 99.49%

<u>Pay Item</u>	<u>Amount</u>
LineHaul	\$145.50
Unld Detention 1.75 Hours	\$61.25
Total	\$206.75

Send Invoice via email to [cstarkeyotech@gmail.com](mailto:cstarkeyotech@gmail.com)

# KL•CHEMPAK

Transportation • Warehousing • Production • Rail Services

## INVOICE

10 Industrial Highway, MS#61  
32,000 South Loop  
Lester, Pa. 19113

Bill to:

O'Tech Corporation  
Attention: Anne Marie  
PO Box 116  
Rolling Prarie, IN 46371

Invoice #: 46409

Date: 3/16/2015

Payment Terms: Net 30 Days

To bill for freight charges associated with:

SHIPPER

KL Chempak, Inc.  
LaPorte, IN

CONSIGNEE

Electri-Flex  
Roselle, IL

LOAD DATE: 3/12/2015  
TRACTOR: 2506

DELIVER DATE: 3/16/2015  
TRAILER: 3027

Bill of Lading #: 031215C  
Purchase Order #:  
Shipment #:  
Order #:

DESCRIPTION	AMOUNT
LineHaul	\$485.00
Tolls	\$0.00
Fuel Surcharge 22%	\$106.70
Self Loading	\$95.00
Scale	\$25.00
Administrative Fee	\$40.00
Unld Detention 1.75 Hours	\$122.50
<b>Total</b>	<b>\$874.20</b>

Due Date: 4/15/2015

REMIT TO:

KL-Chempak Inc.  
3647 Willowbend Blvd  
Suite 800  
Houston, Texas 77054  
Phone (713) 661-1330 Fax (713) 661-3299

*Thank You For Your Business*

Loaded Miles (NHS) from LaPorte, IN to LaPorte, IN : 0 miles, 00.0 hours

Prac Route (LAPORTE, IN, LaPorte, IN, LaPorte, IN, 0

NHS Route (LAPORTE, IN, LaPorte, IN, LaPorte, IN, 0

Odometer miles 1

PCM miles = 0

Tractor Load	Date	State	PCM	Odo	Toll Miles
46409	3/16/2015		0	1	0

Loaded Miles (NHS) from Roselle, IL to LAPORTE, IN : 96.8 miles, 01.7 hours

Prac Route (LaPorte, IN, Roselle, IL, LAPORTE, IN, 194.7

NHS Route (LaPorte, IN, Roselle, IL, LAPORTE, IN, 194.7

Odometer miles 201

PCM miles = 194.7

Tractor Load	Date	State	PCM	Odo	Toll Miles	
2506	46409	3/16/2015	IN	47.7	49	0.0
2506	46409	3/16/2015	IL	99.8	103	64.7
2506	46409	3/16/2015	IN	47.3	49	0.0

PAY SHEET / INVOICE



Driver: Rob Peters Tractor #: 2506 Trailer #: 3027 Load ID#: 46409  
BOL #: 031215C

Pick Up: 3/11/2015 - no time  
Deliver: 3/12/2015 - no time

KL Chempak, Inc. - LaPorte, IN  
Electri-Flex - Roselle, IL

Dry Vac None Product: PVC PELLETS  
Loaded Miles 98

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Split

Load Delay: _____ <input type="checkbox"/>	UnLoad Delay: <u>1.75 hr</u> <input checked="" type="checkbox"/> <u>otech</u>
Self Vac: <u>96</u> <input checked="" type="checkbox"/> <u>Philips</u>	Blower: _____ <input type="checkbox"/>
Warehouse Charges: _____ <input type="checkbox"/>	Hose: _____
Forced layover: _____ <input type="checkbox"/>	Tolls: _____ <input type="checkbox"/>
Out/Route Miles: _____ <input type="checkbox"/>	Deadhead Miles: _____ <input type="checkbox"/>
Reconsignment: _____ <input type="checkbox"/>	Tank Wash: _____
Administrative: \$40.00	Spotting: _____
Cancelled Load: _____	Layover: _____ <input type="checkbox"/>
	Scale Charge: <u>26</u> <input type="checkbox"/>
	Other: _____ <input type="checkbox"/>
	Heel Charge: _____



USE THIS PAGE AS THE COVER PAGE FOR ALL SCANS

All Drivers must enter START City, State Odometer and END City, State, Odometer on the lines below:

START City, State LaPorte IN where the previous trip ended

START Odometer 90856

END City, State LaPorte IN where the next trip will start

END Odometer 91057



# KL-ChemPak, Inc.

Quality Chemical Services

Load #: 46409

From: <b>KL Chempak, Inc.</b> <b>2794 North Hwy 39</b> <b>LaPorte, IN</b> Shipper B/L #: <u>031215C</u>	To: <b>Electri-Flex</b> <b>222 W. Central Ave</b> <b>Roselle, IL</b> CPO#:
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<b>SHIPPER SIGNATURE</b> This is to certify that the materials named below are properly classified, described packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation	<b>RECEIPT OF SHIPMENT</b> Received this shipment in good condition except as noted hereon
Signed: _____ Date: _____	Signed: _____ Date: _____

<u>Commodity Description</u>	<u>Ordered/Loaded</u>	<u>Compartment #</u>
<u>PVC PELLETS</u>	<u>45000/ 45680</u>	_____
Driver: <u>Wes Watkins</u>	Tractor #: <u>2506</u>	Trailer #: <u>3027</u>

**Verification of unloading instructions**

Dear Customer: To serve you better, our driver has been instructed to ask you to make sure that the delivery of the commodity will be safe, proper and in accordance with your unloading instructions. Please verify the following items:

1. That the commodity on this shipment is of the amount and type that you expect.
2. That there is enough room for the amount of commodity on this shipment.
3. That plant valves are properly positioned to accept this commodity.
4. That the driver is hooked up to the proper storage.
5. That the connections are correctly made.
6. That all required inspections have been completed.

I have verified the above items; the driver is setup correctly and is authorized to unload.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

	Date	Time		Date	Time
Arrive			Arrive		8:15
Start to Load			Start to Unload		8:20
Finish Loading			Finish Unloading		10:45
Depart			Depart		11:00

Explanation Required for Payment of Detention	Explanation Required for Payment of Detention
Signed: _____ Date: _____	<p align="center"><b>REC'D BY ELECTRI-FLEX CO:</b></p> <p align="center">NO. OF PCS <u>45,680</u> DATE <u>03/16/15</u></p> <p align="center">WEIGHT &amp; COUNT SUBJECT TO INSPECTION</p> <p align="center"><i>Karen Dyer</i></p> <p>Signed: _____ Date: _____</p>

## Trailer Inspection After Delivery

<input type="checkbox"/> I have inspected the trailer after unloading and approx. _____ gallons of product remain in it.	<input type="checkbox"/> I authorize disposal of _____ gallons
Driver: _____ Consignee: _____	
If more than 4 gallons call dispatch before leaving customer	



# Straight Bill of Lading

Short Form - Copy 3

**BOL #:** 031215C  
**Date:** 12-Mar-15  
**Page:** 1 of 1

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

Company: **KL CHEMPAK**

SCAC:

Carrier #:

At: **4744 E. OAK KNOLL RD., ROLLING PRAIRIE, IN 46371** From: **OTECH CORPORATION**

(the property described below, in apparent good order, except as noted (contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under contract) agrees to carry to its usual place of delivery as said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail, or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CONSIGNEE (SHIP TO)

**ELECTRI-FLEX  
222 WEST CENTRAL AVE  
ROSELLE, IL 60172**

Customer order #: 05453

SO #: 21647

## Third Party Billing Information

Remit C.O.D. (if different than shipper above)

Freight Charges are:

**PREPAID**

C.O.D. \_\_\_\_\_ amount

C.O.D. Fee \_\_\_\_\_

Prepaid ☐

Collect ☐

798

Subject to section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.  
The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

# of Packages	UM	HM (X)	Description	Weight (Lbs.)	Class	NMFC
1	BULK		OW645-GY545C-3/ 45900 LBS NET CP#03060 LOT#L3150227-21647	45,900	60	156200

REC'D BY ELECTRI-FLEX CO:

NO. OF PCS: 45,680 <sup>4635</sup> DATE: 03/16/15  
WEIGHT & COUNT SUBJECT TO INSPECTION

1

45,900

Per \_\_\_\_\_

"The fiber boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Uniform Freight Classifications."

Shippers imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

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 Department of Transportation>

Per

Shipper: **O'Tech Corporation**

Carrier:

per **JAN**

Permanent post office address of shipper  
P.O. Box 116  
4744 E. Oak Knoll Rd.  
Rolling Prairie, IN. 46371

*Phillips*

Driver / Carrier Signature

Contact: Tom McMeans 1-219-778-8001 EXT 105