## Lesson 8 - Sample Straight Bill of Lading Mandatory Entry-Level Training Manitoba Class 1 (MELT) Program

Stra	ight Bil	l of Lading	Bill Date					
	18111 211	ror Laamb						
Ship To			From					
Consignee Name			Shipper Name					
Company			Company					
Street			Point of Origin					
City, Prov, Postal Code			City, Prov, Postal Code					
Phone			Phone					
Billing Information			Shipping or Special Instructions					
Name Company			_					
Street								
City, Prov, PC								
Vehicle or Car No.			Delivering Carrier					
No. Shipping Units	Pkg Type	Description/Special Ma	kings/Special Handling		Weight	Rate	Charges	
					Total C	Charges		
Prepaid □								
		d to the consignee without re ery of this shipment without					llowing statement.	
	· · · · · · · · · · · · · · · · · · ·	Signature o	f Consignor					
Shipper Company				Carrier				
Per				Trailer #	Date			
Shipper Signatu	ire							