

# How to fill out a Bill of Lading

A quick guide



Date:						BIL	L OF	LA	D	ING			Page	
Name: Addres			SHIP	FROM					В	Bill of Lad	•	Number:		
SID#:	iato/Zip.						FOB:				В	AR CODE	SPACE	
Name:			SHI	PTO	Loc	ation#				ARRIER N				
Addre										eal numb				
	tate/Zip:								~	CAC:				
CID#:	TI	JIDN DAD	TY FREIGI	нт снав	CESE	III TO:	FOB:		P	ro numb	er:			
Name: Addre		III TAI	N_I	T CITAL	0200	ice ro.					В	AR CODE	SPACE	
City/St	tate/Zip:									reight Ch		e Terms: (freight	t charges are pr	epaid
SPEC	AL INSTE	RUCTION	NS:							repaid			3 <sup>rd</sup> Pa	arty
										(check box	)	Master Bill of Lac		ned
CUS	STOMER C	ORDER N	UMBER	# F	C PKGS		ER ORDER Veight	PA	LL	ET/SLIP		ADDITIONA	L SHIPPER INF	0
				+				Y		N N				
								Y		N				
				+				Y		N N				
								Y	,	N				
GRAN	D TOTAL	-				CAE	RRIER INFO			.,				
	DLING NIT	PAC	KAGE			CAR				DITY DE	SCR	RIPTION	LTL O	NLY
QTY	TYPE	QTY	TYPE	WEIG	НТ	H.M. (X)	Commodities r must be so me	requiring sp arked and p Se	eda acka se S	or additional care aged as to ensure s action 2(a) of NM	or atter afe tan FC Item	ntion in handling or stowing asportation with ordinary care. In 360	NMFC#	CLASS
													RECE	IVING
													STAMP S	SPACE
	***************************************								_					
Where the	rate ls depends	ent on value,	shippers are re	quired to star	e specific	ally in writin	g the agreed or			COD Am				
value of the "The agree	e property as fo d or declared v	value of the p	roperty is specif	Ically stated	by the shi	pper to be n	ot exceeding				Te	rms: Collect: stomer check a		
NOTE	Liability L	imitation	for loss o	r damage	in thi	s shipm	ent may be	e appl	ica	ble. See 4	19 U.	S.C. II 14706(c)(1)	(A) and (B).	
the carrier	and shipper, if	applicable, of	rmined rates or therwise to the i shipper, on requ	ates, classifi	cations an	nd rules that	have been esta	ablished		freight and a	III othe	ot make delivery of this er lawful charges.		payment of hipper
SHIPPE	R SIGNAT	TURF / D	ATE		Traile	er Loader	d: Freigh	t Coun	ited	Signature	; 	CARRIER SIGNA	TURE / PICKU	P DATF
This is to or described.	stitutet the soo edkaped, marked	re, oskovet, meter Lend Jakobet, jar	lais are propedy di plays in proper co uletions of the U.S	ndition for	□в	y Shipper y Driver	□ ву	Shipper Driver/p		ts said to		Carrier acknowledges receip certifies emergency respons carrier has the U.S. DOT em documentation in the vehicle	t of packages and required e information was made a	d placards. Carrier vallable and/or
	contain								Property described above is received in good order, except as					

### **Standard Bill of Lading Form**

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

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



# Standard Supplement to the Bill of Lading

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

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 LA	DING Page
SHIP FROM		
Name:		Bill of Lading Number:
Address:		
City/State/Zip:		BAR CODE SPACE
SID#:	FOB: □	
SHIP TO		CARRIER NAME:
Name:	Location #:	Trailer number:
Address:		Seal number(s):
City/State/Zip:		SCAC:
CID#:	FOB: 🗖	Pro number:
THIRD PARTY FREIGHT CHARG	GES BILL TO:	
Name:		BAR CODE SPACE
Address:		
51: 15:		
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
SPECIAL INSTRUCTIONS:		Prepaid Collect 3 <sup>rd</sup> Party
		Master Bill of Lading: with attached (check box) underlying Bills of Lading



Date: 02/01/1999	BILL OF LA	DING Page 1
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#:	FOB: 🗖	Bill of Lading Number: _06141411234567890_
Name: XYZ Company Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#:  THIRD PARTY FREIGHT CHAIN Name: Address:	Location #:0669  FOB: □  RGES BILL TO:	CARRIER NAME:LTL Transportation Trailer number: Seal number(s): SCAC: ABCD Pro number: 12345678901234567890
City/State/Zip: SPECIAL INSTRUCTIONS:		(9012K) ABCD12345678901234567890  Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid CollectX_ 3 <sup>rd</sup> Party  Master Bill of Lading: with attached underlying Bills of Lading

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

"Ship From" Fields: (Mandatory)

*Name:* The company shipping the product.

<u>Address:</u> The shipping street address. (An additional address line is optional)

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

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

<u>FOB</u> Optional: Data box to indicate (via "x" in box) that the FOB is based on the Ship From address.



Date: 02/01/1999	BILL OF LADING	Page 1
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#:	FOB:	Number: _06141411234567890_ (402) 06141411234567890
SHIP TO  Name: XYZ Company Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#:	Trailer number: Seal number(s)  SCAC: ABC	E:LTL Transportation
THIRD PARTY FREIGHT CHARGE Name: Address: City/State/Zip:	S BILL TO: (9012	K) AB CD 12345678901234567890
SPECIAL INSTRUCTIONS:	unless marked	e Terms: (freight charges are prepaid of otherwise)  Collect _X_ 3rd Party  Master Bill of Lading: with attached underlying Bills of Lading

#### "Ship To" Fields: (Mandatory)

*Name:* The company receiving the product.

<u>Address:</u> 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.

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

<u>Location #:</u> The number assigned to consignee's ship to address, if applicable.

<u>FOB</u> Optional: Data box to indicate (via "x" in box) that the FOB is based on the Ship To address.



Date: 02/01/19	999	BILL OF LA	ADING Page 1
Name: Address: City/State/Zip: SID#:	ABC Company 1000 ABC Drive Any City, AB, 10000	FOB: □	Bill of Lading Number: _06141411234567890_
CID#: Name:	SHIP TO XYZ Company 9000 XYZ Drive Some City, ZY 90000  THIRD PARTY FREIGHT CHAR	Location #:0669 FOB: □	CARRIER NAME:LTL Transportation
Address: City/State/Zip: SPECIAL INST			(9012K) ABCD12345678901234567890  Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid CollectX_ 3 <sup>rd</sup> Party  Master Bill of Lading: with attached 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.

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



Date: 02/01/19	999	BILI	L OF LA	DING	Pag	ge 1
Name: Address: City/State/Zip: SID#:	ABC Company 1000 ABC Drive Any City, AB, 10000		FOB: 🗖		Number: _ <b>06141411</b>	
Name: Address: City/State/Zip: CID#:	XYZ Company 9000 XYZ Drive Some City, ZY 90000	Location #:_	_	Trailer number: Seal number(s) SCAC: ABCI	: D	
	THIRD PARTY FREIGHT CHAP	RGES BILL TO:	FOB:		123456789012345 K) AB CD 12345678901234	
SPECIAL INST	TRUCTIONS:			unless marked	e Terms: (freight charg f otherwise) CollectX Master Bill of Lading: underlying Bills of Lad	3 <sup>rd</sup> Party with attached

#### **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: 02/01/19	99	BILL OF LA	DING Page 1
Name: Address: City/State/Zip: SID#:	ABC Company 1000 ABC Drive Any City, AB, 10000	FOB: □	Bill of Lading Number: _06141411234567890_
CID#:	SHIP TO XYZ Company 9000 XYZ Drive Some City, ZY 90000  THIRD PARTY FREIGHT CHAF	Location #:0669 FOB: □	CARRIER NAME:LTL Transportation_ Trailer number: Seal number(s):  SCAC: ABCD Pro number: 12345678901234567890  (9012K) ABCD12345678901234567890
SPECIAL INST	TRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid CollectX_ 3 <sup>rd</sup> Party  Master Bill of Lading: with attached underlying Bills of Lading

#### **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)

<u>Trailer Number:</u> Used if a truckload carrier hauls the shipment. (Conditional)

<u>Seal Number:</u> 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)** 



Date: 02/01/1999	BILL OF LAD	DING Page 1
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 100 SID#:	00 FOB: <b>□</b>	Bill of Lading Number: _06141411234567890_ 
Name: XYZ Company Address: 9000 XYZ Drive	Location #: <b>0669</b>	CARRIER NAME:LTL Transportation Trailer number: Seal number(s):
City/State/Zip: Some City, ZY 900 CID#:		SCAC: <i>ABCD</i> Pro number: 12345678901234567890
THIRD PARTY FREIGH Name: Address: City/State/Zip:	T CHARGES BILL TO:	(9012K) AB CD 12345678901234567890
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect _X_ 3 <sup>rd</sup> Party
		Master Bill of Lading: with attached (check box) 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

	CARRIER INFORMATION									
	DLING NIT	PACI	KAGE			COMMO	DITY DESCI	RIPTION	LTL O	NLY
QTY	TYPE	QTY	TYPE	WEIGH	IT H.M. (X)	must be so marked and pack		ention in handling or stowing ensportation with ordinary care. on 360	NMFC#	CLASS
									RECE	IVING
									STAMP S	PACE
						GI	RAND TOT	AL		
	rate is depende property as fo		shippers are r	equired to state a	specifically in writing	ng the agreed or declared	COD Amou	nt: \$		_
"The agreed	d or declared v	alue of the pr	operty is spec	ifically stated by	the shipper to be r	not exceeding		erms: Collect:		
	00							istomer check a	_	
~~~~~~~~	~~~~~~~					ent may be applica				
						upon in writing between have been established		not make delivery of this ner lawful charges.	s shipment without	payment of
						federal regulations.	rieight and an oth	ier lawrur charges.	SI	nipper
							Signature			
SHIPPE	R SIGNAT	TURE / DA	ATE		Trailer Loade	d: Freight Counte	<u>d:</u>	CARRIER SIGNA		
	diffy, that, the above ackaged, marked				By Shipper	By Shipper		Carrier acknowledges receip certifies emergency respons		
transportatio	n according to th	e applicable regi	ulations of the U.	B. DOT.	■ By Driver	■ By Driver/pall	ets said to	carrier has the U.S. DOT en documentation in the vehicle		ok or equivalent
						contain				
	■ By Driver/P					By Driver/Pier	ces	Property described above noted.	is received in good order	r, except as



	CARRIER INFORMATION									
HANDLING PACKAGE UNIT				COMMODITY DESCRIPTION	LTL O	NLY				
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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 NIMFC Item 360	NMFC#	CLASS		
1	plts	<mark>48</mark>	<u>ctns</u>	384 lbs		Sport Accessories	154865 00	70		
2	<u>plts</u>	<mark>96</mark>	<u>ctns</u>	768 lbs		Video, Tape Recording	168955 03	92.5		
15	<u>ctns</u>	<mark>15</mark>	<u>ctns</u>	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100		
18		<mark>159</mark>		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 PACKAGE UNIT				COMMODITY DESCRIPTION	LTL ONLY				
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional case 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 350	NMFC#	CLASS		
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	<del>70</del>		
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	<mark>92.5</mark>		
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	<mark>100</mark>		
18		159		1197 lbs		GRAND TOTAL				

**Carrier Information: (Continued)** 

<u>Hazardous Material:</u> 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)

<u>Commodity Description:</u> The general product description as listed in the NMFC. (Mandatory)

<u>NMFC Number:</u> The NMFC number tied to the commodity classification. (Conditional)

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



Where the rate is dependent on value, shippers are required declared value of the property as follows:  "The agreed or declared value of the property is specific."		COD Amo	unt: \$ Terms: Collect: □ Prepaid: □	
per			Customer check acceptable:	
NOTE Liability Limitation for loss or	damage in this sh	ipment may be appl		
RECEIVED, subject to individually determined rates or contracts shipper, if applicable, otherwise to the rates, classifications and ru- shipper, on request. The shipper hereby certifies that he had he is far Straight Bill of Lading, including there on the back thereof, and if	les that have been established by iliar with all the terms and condi		all not make delivery of this shipment without payment of other lawful charges.  Shipper	
accepted for himhomelf and his her assigns.			Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, pediaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:  ■ By Shipper ■ By Driver	aid to contain	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.	
		■ By Driver/Pieces		Property described above is received in good order, except as noted.

<u>Declared Value: (Optional)</u> 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.



decial edivalde di sie property ao idilowo.			COD Amount: \$		
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding			Fee Terms: Collect: ☐ Prepaid: ☐		
			Customer check acceptable: □		
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 rate, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that heighe is familiar with all the terms and conditions of the NMFC Uniform.			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
Straight Bill of Lading, including these on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for highportal and his her assigns.			Signature		
SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:		CARRIER SIGNATURE / P	PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in	By Shipper	By Shipper		Carrier acknowledges receipt of packages and requi emergency response information was made available	ble and/or carrier has the DOT
proper condition for transportation according to the applicable regulations of the DOT.					
		By Driver/Pieces		Property described above is received in good or	rder, except as noted.

<u>Shipper Signature/Date: (Mandatory)</u> 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.

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

<u>Carrier Signature/Pickup Date: (Mandatory)</u> 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.



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 <a href="MESCA Vision TMS">MESCA Vision TMS</a>
<a href="System">System</a>.</a>

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