

I N V O I C E

INVOICE #: X140245
REFERENCE:

DATE: 12/30/2021

PAGE 1

REMIT TO: A. WALECKA & SON INC.
2375 CRANBERRY HWY

PO #:

WEST WAREHAM, MA 02576

BILL TO: WATERTOWN PUBLIC SCHOOLS
149 MAIN ST

WATERTOWN, MA 02472

SHIPPER: WATERTOWN PUBLIC SCHOOLS
FROM:

CUSTOMER: 102

TO:

ITEM	DESCRIPTION	UNITS	GROSS	RATE	PER	NET
MOVE	DEL. OF TOTES	0	0.00	0.00		300.00
PACK	TOTES	0	0.00	0.00		3,360.00
PACK	MATERIAL	0	0.00	0.00		125.00
HOURLY	9 MEN 3 VANS 12/27/21	1	10.25	780.00	\$	7,995.00
SPVSR	SUPERVISOR 12/27/21	1	10.25	80.00	\$	820.00
HOURLY	11 MEN 3 VANS 12/28/21	1	9.00	920.00	\$	8,280.00
SPVSR	SUPERVISOR 12/28/21	1	9.00	80.00	\$	720.00
PACK	PACK TOTES	0	0.00	0.00		1,690.00
TOTAL CHARGES:						23,290.00

THANK YOU FOR USING OUR MOVING AND STORAGE

RETURN COPY OF INVOICE WITH YOUR CHECK

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE
A. Walecka & Son Inc

Shipper's No. X140245

(Name of Carrier)

Carrier's No. _____

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

At **2375 Cranberry Highway, West Wareham, MA 02576**

Date 12/21/21

From **A. WALECKA & SON, INC.**

The property described below, in apparent good order, except as noted (contents and condition of 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 the contract) agrees to carry to its usual place of delivery at 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 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 the said bill of lading 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.

(Mail or street address of consignee - For purposes of notification only)

Consigned to WATERTOWN PUBLIC SCHOOLS

Destination Watertown State MA Zip Code 02472 Delivery Address 175 Orchard Street

Route Stacy Phelan (617)926-7770 LOWELL ELEMENTARY (* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier

Car or Vehicle Initials

No. _____

NO. PACKAGES	HAZARDOUS MATERIALS	Kind of Package, Description of Articles, Special Marks, and Exceptions	* WEIGHT (SUBJECT TO CORR)	CLASS OR RATE	CHECK COLUMN
		DELIVER 2 PALLETS OF TOTES & SKY BLUE LABELS			
TOTAL PIECES					

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.

Per _____ (Signature or Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier:

Per _____ (The signature here acknowledges only the amounts prepaid.)

Charges Advanced:

\$ _____
 † Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

SHIPPERS CERTIFICATION 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

SIGNATURE: [Signature]

TITLE: _____

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
 NOTE - Where the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

per _____

A. WALECKA & SON, INC.
2375 Cranberry Highway

Shipper, Per _____ Agent, Per _____

Permanent post office address of shipper

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STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

A. Walecka & Son Inc

Shipper's No. X140245

(Name of Carrier)

Carrier's No. _____

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

At **2375 Cranberry Highway, West Wareham, MA 02576**

Date 12/21/21

From **A. WALECKA & SON, INC.**

the property described below, in apparent good order, except as noted (contents and condition of 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 the contract) agrees to carry to its usual place of delivery at 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 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 the said bill of lading 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.

(Mail or street address of consignee - For purposes of notification only)

Consigned to WATERTOWN PUBLIC SCHOOLS

Destination Watertown State MA Zip Code 02472 Delivery Address 1 Concord Road

(* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route HOSMER ELEMENTARY

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

NO. PACKAGES	HAZARDOUS MATERIALS	Kind of Package, Description of Articles, Special Marks, and Exceptions	+ WEIGHT (SUBJECT TO CORR)	CLASS OR RATE	CHECK COLUMN
		480			
		DELIVER 2 PALLETS OF TOTES			
		2 Rolls of Pink Bubble Wrap			
TOTAL PIECES					

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.

Per _____
(Signature or Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier: _____

Per _____
(The signature here acknowledges only the amounts prepaid.)

Charges Advanced: _____

\$ _____

† Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

SHIPPERS CERTIFICATION 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.

SIGNATURE: [Signature] TITLE: _____

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE - Where the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per _____

A. WALECKA & SON, INC.
2375 Cranberry Highway

Shipper, Per _____ Agent, Per _____

Permanent post office address of shipper

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a. walecka & son inc

www.awalecka.com

sales@awalecka.com

**COMBINED UNIFORM HOUSEHOLD GOODS
BILL OF LADING AND FREIGHT BILL**

NON NEGOTIABLE

SERVICES ARE NOT PROVIDED AS AN
AGENT OF ATLAS VAN LINES, INC.

B/L NO. X140245

DATE OF ORDER 12/27/21

A. WALECKA & SON, INC., 2375 CRANBERRY HWY., WEST WAREHAM, MA 02576 (800) 221-2158

CARRIER X
The undersigned shipper hereby orders the above carrier to furnish transportation facilities and services described in this order subject to and in accordance with the rules, regulations and charges as contained in the Tariff on file with the Massachusetts Department of Telecommunications & Energy and the terms and conditions of the Bill of Lading shown on the back and made a part hereto, and agree to pay upon delivery the amount set forth below in Cash, Money Order or Certified Check.

SHIPPER OR AGENT SIGNATURE AT ORIGIN X *Anna Foster*

RECEIVED SUBJECT TO TARIFF RULES AND REGULATIONS OF THE ABOVE NAMED CARRIER

ORIGIN
SHIPPER WATERTOWN PUBLIC SCHOOLS
STREET 175 Orchard Street
CITY/ZIP Watertown, MA 02472
PHONE (617)926-7770 LOWELL SCHOOL

DESTINATION
CONSIGNEE WATERTOWN PUBLIC SCHOOLS
STREET 175 Main Street
CITY/ZIP Waltham, MA 02453
PHONE ST. JUDE SCHOOL

DECLARATION OF VALUE

The shipper must select one of the options below prior to the start of any packing or moving service. In the event the shipper does not select one these options the carrier's maximum liability for loss and damage shall be an amount equal to a maximum value of \$1.25 for each pound of weight of the shipment as described in Option B.

- A** Declared value of .60 cents per pound per article. There is no charge for this option.
- B** A full replacement valuation of \$_____ based on a minimum declared value of \$4.00 per pound. The carrier will not apply depreciation under this option. The charge for this option will be \$3.50 per \$1,000.00 of valuation.
(THIS DOES NOT REPRESENT INSURANCE)

I hereby select option (MUST BE INSERTED BY SHIPPERS HAND ONLY)

SIGNATURE OF SHIPPER X _____ Date _____

SPECIAL SERVICES / OR INSTRUCTIONS

**** OPTION B HAS A \$100.00 DEDUCTIBLE****

\$10,000.00 MINIMUM APPLIES EXTRA DELIVERY:
95 Linden St. Waltham, MA 02452
CUBE SMART

AUTHORIZATION X *Anna Foster*

PAYMENT OF CHARGES

ALL CHARGES TO BE PAID IN CASH, MONEY ORDER OR CERTIFIED CHECK BEFORE PROPERTY IS RELINQUISHED BY CARRIER, EXCEPT FOR AUTHORIZED ACCOUNTS. THE SHIPPER REMAINS PRIMARILY RESPONSIBLE AND LIABLE FOR THE PAYMENT OF ALL CHARGES

BILL TO

ACCOUNT NAME _____ P.O. # _____

ADDRESS _____

CITY & STATE _____ ZIP _____

ATTENTION OF _____

THE ABOVE SERVICES WERE RENDERED AND ALL GOODS DELIVERED IN GOOD ORDER, EXCEPT AS NOTED:

SHIPPER'S SIGNATURE AT DESTINATION X _____

TO BE SIGNED BY SHIPPER AFTER SERVICES ARE COMPLETED

SIGNATURE OF CARRIER OR AUTHORIZED AGENT X _____

CARRIER **A. WALECKA & SON, INC.**

REQUESTED PACKING DATE 12/27 12/28
REQUESTED LOADING DATE 12/27 12/28
REQUESTED DELIVERY DATE 12/27 12/28

TARIFF NUMBER _____ SECTION _____ M.D.T.E. NUMBER **3142**

HOURLY TRANSPORTATION RATES

START TIME	TIME OFF	TOTAL TIME			CHARGES
TIME COMPLETED		NO. OF	RATE PER HR.	NUMBER OF HOURS	
VEHICLE & DRIVER R.T.					
VEHICLE & DRIVER O.T.					
HELPERS R.T.					
HELPERS O.T.					
TRAVEL TIME					
TOTAL HOURLY CHARGES					

WEIGHT BASIS TRANSPORTATION

GROSS WEIGHT	RATE PER CWT.
TARE WEIGHT	
NET WEIGHT	
SUBJECT TO A MINIMUM OF _____ LBS. (FOR _____ MILES)	
TOTAL WEIGHT BASIS CHARGES	

PACKING & UNPACKING

	EST.	NO.	RATE	AMOUNT
BARRELS, DRUMS OR DISHPACKS				
CARTONS, LESS THAN 3 CU. FT.				
CARTONS, 3 CU. FT.				
CARTONS, 4 1/2 CU. FT.				
CARTONS, 6 CU. FT.				
WARDROBES				
MATTRESS: SINGLE OR DOUBLE				
KING OR QUEEN SIZE				
CRIB				
CRATES AND CONTAINERS				
MIRROR CARTONS				
TOTAL PACKING CHARGES				

ADDITIONAL SERVICES

DECLARATION OF VALUE OPTION

TOTAL CHARGES _____
LESS DEPOSIT RECEIVED _____
BALANCE DUE AT DELIVERY _____

**CLAIMS FOR DAMAGE OR LOSS MUST BE FILED WITH THIS CARRIER WITHIN 15 DAYS
(SEE CONTRACT TERMS AND CONDITIONS, Sec. 2(b))**

ORIGINAL

SO #69444

a. walecka & son inc

www.awalecka.com

sales@awalecka.com

COMBINED UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

NON NEGOTIABLE

SERVICES ARE NOT PROVIDED AS AN AGENT OF ATLAS VAN LINES, INC.

B/L NO. X140245

DATE OF ORDER 12/28/21

A. WALECKA & SON, INC., 2375 CRANBERRY HWY., WEST WAREHAM, MA 02576 (800) 221-2158

CARRIER X

The undersigned shipper hereby orders the above carrier to furnish transportation facilities and services described in this order subject to and in accordance with the rules, regulations and charges as contained in the Tariff on file with the Massachusetts Department of Telecommunications & Energy and the terms and conditions of the Bill of Lading shown on the back and made a part hereto, and agree to pay upon delivery the amount set forth below in Cash, Money Order or Certified Check.

SHIPPER OR AGENT SIGNATURE AT ORIGIN X

RECEIVED SUBJECT TO TARIFF RULES AND REGULATIONS OF THE ABOVE NAMED CARRIER

ORIGIN SHIPPER Watertown Public Schools
STREET c/o Lowell School 175 Orchard St
CITY/ZIP Watertown, MA 02472
PHONE Stacy Phelan 617-926-7770

DESTINATION CONSIGNEE Watertown Public Schools
STREET St. Jude School 175 Main St. Route 20
CITY/ZIP Waltham, MA 02453
PHONE

DECLARATION OF VALUE

The shipper must select one of the options below prior to the start of any packing or moving service. In the event the shipper does not select one these options the carrier's maximum liability for loss and damage shall be an amount equal to a maximum value of \$1.25 for each pound of weight of the shipment as described in Option B.

A Declared value of .60 cents per pound per article. There is no charge for this option.

B A full replacement valuation of \$ based on a minimum declared value of \$4.00 per pound. The carrier will not apply depreciation under this option. The charge for this option will be \$3.50 per \$1,000.00 of valuation.

(THIS DOES NOT REPRESENT INSURANCE)

I hereby select option

Empty box for option selection

(MUST BE INSERTED BY SHIPPERS HAND ONLY)

SIGNATURE OF SHIPPER X

Date

SPECIAL SERVICES / OR INSTRUCTIONS

** OPTION B HAS A \$100.00 DEDUCTIBLE**

\$10,000.00 MINIMUM APPLIES

Extra PU/Del Cube Smart
95 Linden St. Waltham MA 02452

AUTHORIZATION X

PAYMENT OF CHARGES

ALL CHARGES TO BE PAID IN CASH, MONEY ORDER OR CERTIFIED CHECK BEFORE PROPERTY IS RELINQUISHED BY CARRIER, EXCEPT FOR AUTHORIZED ACCOUNTS. THE SHIPPER REMAINS PRIMARILY RESPONSIBLE AND LIABLE FOR THE PAYMENT OF ALL CHARGES

ACCOUNT NAME P.O. #
ADDRESS
CITY & STATE ZIP
ATTENTION OF

THE ABOVE SERVICES WERE RENDERED AND ALL GOODS DELIVERED IN GOOD ORDER, EXCEPT AS NOTED:

SHIPPER'S SIGNATURE AT DESTINATION X

TO BE SIGNED BY SHIPPER AFTER SERVICES ARE COMPLETED

SIGNATURE OF CARRIER OR AUTHORIZED AGENT X

CARRIER

A. WALECKA & SON, INC.

REQUESTED PACKING DATE REQUESTED LOADING DATE 12/28 REQUESTED DELIVERY DATE 12/28

TARIFF NUMBER SECTION M.D.T.E. NUMBER 3142

HOURLY TRANSPORTATION RATES

Table with columns: START TIME, TIME OFF, TIME COMPLETED, TOTAL TIME, NO. OF, RATE PER HR., NUMBER OF HOURS, CHARGES. Includes rows for VEHICLE & DRIVER R.T., O.T., HELPERS R.T., O.T., TRAVEL TIME, and TOTAL HOURLY CHARGES.

WEIGHT BASIS TRANSPORTATION

Table with columns: GROSS WEIGHT, TARE WEIGHT, NET WEIGHT, SUBJECT TO A MINIMUM OF, LBS. (FOR, MILES), RATE PER CWT., TOTAL WEIGHT BASIS CHARGES.

Table with columns: PACKING & UNPACKING, EST., NO., RATE, AMOUNT. Includes rows for BARRELS, DRUMS OR DISHPACKS, CARTONS (LESS THAN 3 CU. FT., 3 CU. FT., 4 1/2 CU. FT., 6 CU. FT.), WARDROBES, MATTRESS, KING OR QUEEN SIZE, CRIB, CRATES AND CONTAINERS, MIRROR CARTONS, and TOTAL PACKING CHARGES.

ADDITIONAL SERVICES

DECLARATION OF VALUE OPTION

TOTAL CHARGES LESS DEPOSIT RECEIVED BALANCE DUE AT DELIVERY

CLAIMS FOR DAMAGE OR LOSS MUST BE FILED WITH THIS CARRIER WITHIN 15 DAYS (SEE CONTRACT TERMS AND CONDITIONS, Sec. 2(b))

ORIGINAL

SO #69444