

I N V O I C E

INVOICE #: X144461
REFERENCE:

DATE: 10/10/2023

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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 |
|--------|--------------------------|-------|-------|----------|-----|-----------|
| HOURLY | 19 MEN 5 VANS 10/4/23 | 1 | 11.00 | 2,225.00 | \$ | 24,475.00 |
| SPVSR | SUPERVISOR 10/4/23 | 1 | 11.00 | 120.00 | \$ | 1,320.00 |
| HOURLY | 19 MEN 5 VANS 10/5/23 | 1 | 11.00 | 2,225.00 | \$ | 24,475.00 |
| SPVSR | SUPERVISOR 10/5/23 | 1 | 11.00 | 120.00 | \$ | 1,320.00 |
| HOURLY | 19 MEN 5 VANS 10/6/23 | 1 | 11.00 | 2,225.00 | \$ | 24,475.00 |
| SPVSR | SUPERVISOR 10/6/23 | 1 | 11.00 | 120.00 | \$ | 1,320.00 |
| HOURLY | 16 MEN 5 VANS 10/7/23 | 1 | 9.50 | 1,925.00 | \$ | 18,287.50 |
| SPVSR | SUPERVISOR 10/7/23 | 1 | 9.50 | 120.00 | \$ | 1,140.00 |
| HOURLY | 14 MEN 3 VANS 10/9/23 | 1 | 11.00 | 1,315.00 | \$ | 14,465.00 |
| SPVSR | SUPERVISOR 10/9/23 | 1 | 11.00 | 80.00 | \$ | 880.00 |

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TOTAL CHARGES: 112,157.50

THANK YOU FOR USING OUR MOVING AND STORAGE

RETURN COPY OF INVOICE WITH YOUR CHECK

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. X14446710/4/23

DATE OF ORDER 10/09/23

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 [Signature] 10/4-7, 9/23
RECEIVED SUBJECT TO TARIFF RULES AND REGULATIONS OF THE ABOVE NAMED CARRIER

ORIGIN
SHIPPER WATERTOWN PUBLIC SCHOOLS
STREET 30 COMMON ST PHILLIPS BLDG
CITY/ZIP WATERTOWN
PHONE _____

DESTINATION
CONSIGNEE WATERTOWN PUBLIC SCHOOLS
STREET 175 ORCHARD ST
CITY/ZIP WATERTOWN
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 A (MUST BE INSERTED BY SHIPPERS HAND ONLY)
SIGNATURE OF SHIPPER X [Signature] Date _____

SPECIAL SERVICES / OR INSTRUCTIONS
**** OPTION B HAS A \$100.00 DEDUCTIBLE****
\$10,000.00 MINIMUM APPLIES

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

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 [Signature]
TO BE SIGNED BY SHIPPER AFTER SERVICES ARE COMPLETED
SIGNATURE OF CARRIER OR AUTHORIZED AGENT X [Signature]
CARRIER **A. WALECKA & SON, INC.**

REQUESTED PACKING DATE _____ REQUESTED LOADING DATE 10/9 REQUESTED DELIVERY DATE 10/9

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

HOURLY TRANSPORTATION RATES

| START TIME | TIME OFF | TOTAL TIME | | |
|-----------------------|----------|--------------|-----------------|---------|
| TIME COMPLETED | | | | |
| | NO. OF | RATE PER HR. | NUMBER OF HOURS | CHARGES |
| 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