

Bill of Lading

State of South Dakota
 SD Dept. of Ed. - Child and Adult Nutrition Services, Food Distribution Program
 800 Governors Drive Pierre, SD 57501-2294
 PH: 605-773-3413
 FAX: 605-773-6846

KEEP FOR YOUR FILES

REQUIRED TEMPERATURES	
Refrigerated (CH):	32 to 40
Freezer (FR):	0 or below

Delivery Period: 03/08/2021 - 03/12/2021

Consignee:
 Bread Basket Food Pantry - 5070400
 Becky Fricke
 (605) 573-0935

Bill of Lading No: **210001162**
 Bill of Lading Date: **2/12/2021**

Order No: **14469**
 Batch No: 2069

Deliver To:
BreadBasket Food Pantry
202 E 2nd Street
Flandreau, SD 57028

Contact:
Becky Fricke
Phone: (605) 864-1141
Fax: (605) 999-9999

Warehouse: TEFAP - Nordica
 Warehouse
 PH: 605-444-1350

Delivery Instructions: Operation Hours: Thursday 1:30-5:00 pm

Number of Units	Item Number	Description	Pack Size	Weight	Qty Received
Storage Type:Freezer					
10	111325	Shrimp PL&DVND 51-70 PKG 10/2 TEFAP	10/2 lbs	370	_____
5	111292	Haddock Fillet FRZPKG 20/2lbs TEFAP	20/ 2 lbs	200	_____
15 TOTAL CASES				570	TOTAL WEIGHT

EXCEPT _____ CS. SHORT _____ CS. DAMAGED _____ CS. OVER _____

Received By: _____ Signature _____ Date _____ Carrier: _____ Dizco Trucking Company

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Delivery Period: 03/08/2021 - 03/12/2021

Consignee:
 Native American Commodity Board NACB - 1170900
 LeThrese McBride
 (605) 487-7072

Bill of Lading No: **210001161**
 Bill of Lading Date: **2/12/2021**

Order No: **14475**
 Batch No: 2069

Deliver To:
NACB Food Pantry
809 High Street
Lake Andes, SD 57356-0572

Contact:
LeThrese McBride
Phone: (605) 487-7072
Fax: (605) 487-7964

Warehouse: TEFAP - Nordica
 Warehouse
 PH: 605-444-1350

Delivery Instructions: Cell contact in case of bad weather/emergency: Charon Asetoyer 605-491-1566

Number of Units	Item Number	Description	Pack Size	Weight	Qty Received
Storage Type:Freezer					
10	111325	Shrimp PL&DVND 51-70 PKG 10/2 TEFAP	10/2 lbs	370	_____
10	111292	Haddock Fillet FRZPKG 20/2lbs TEFAP	20/ 2 lbs	400	_____
20 TOTAL CASES				770	TOTAL WEIGHT

EXCEPT _____ CS. SHORT _____ CS. DAMAGED _____ CS. OVER _____

Received By: _____ Signature _____ Date _____ Carrier: _____ Dizco Trucking Company