

VICS Bill of Lading, Noon EST

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Nov. 7, 2007

Audio: 877-864-7187

Room: *800 5095*

VICCS

Voluntary Interindustry Commerce Solutions

**Retail Industry Association
Logistics Committee**

Why create a BOL???

- **No standard format**
- **No standard terms**
- **No guideline for usage**
- **Limited use of EDI vs. paper**

Supply Chain Impact

- **Inaccurate transfer of data**
- **Inaccurate EDI 214 Shipment Status**
- **Inaccurate matching of EDI 856 data**
- **Inaccurate scheduling and receiving**

VICS BOL

- **Supports total supply chain data requirements**
- **Supports EDI 214 / 856 usage**



Key Features

- **Separate sections for customer and carrier**
- **Standardize data tags and placement**
- **Standard numeric BOL number**
- **Implementation guidelines**

Benefits

- **Supports the use of BOL # as a primary key to 856 data**
- **Accurate transfer of information**
- **Improved scheduling and receiving processes**

Header Section

Date: _____	BILL OF LADING	Page _____
SHIP FROM		
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____	 FOB: <input type="checkbox"/>	Bill of Lading Number: _____ <div style="text-align: center; color: gray; font-size: 1.2em;">BAR CODE SPACE</div>
SHIP TO		
Name: _____ Address: _____ City/State/Zip: _____ CID#: _____	 Location #: _____ FOB: <input type="checkbox"/>	CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____ Address: _____ <hr/> City/State/Zip: _____		<div style="color: gray; font-size: 1.2em;">BAR CODE SPACE</div>
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

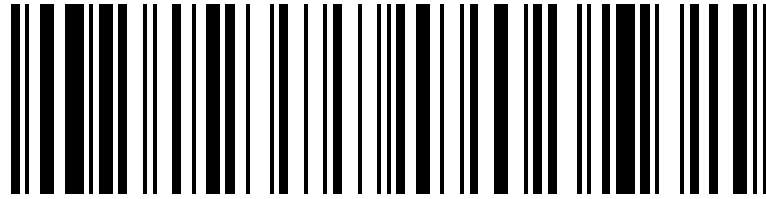
VICS Standard BOL Number

- GS1 Approved
- Globally Unique Number
- 17 Digit Numeric - generated using the same technique as the U.P.C. #
- Check character (digit) mandatory part of 17 digits

Position #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
VICS BOL #	C	C	C	C	C	C	C/	C/	C/	C/S	C/S	S	S	S	S	S	CD
	0	0	1	4	1	4	1	1	2	3	4	5	6	7	8	9	8


GS1.US Company Prefix | Serialized Number | Calculated Check Digit

Barcoding BOL Number



(402) 00141411234567898

- Bar coding optional - intended for carrier use
- UCC.EAN-128 Bar Code Symbology required
- The (402) UCC-128 Application ID used in the barcode is not part of the BOL Number. **Do not send in EDI data**

Date: 02/01/1999	BILL OF LADING	Page 1								
SHIP FROM										
Name: <i>ABC Company</i>	Bill of Lading Number: <u>00141411234567898</u>									
Address: <i>1000 ABC Drive</i>	 (402) 00141411234567898									
City/State/Zip: <i>Any City, AB, 10000</i>										
SID#: _____	FOB: <input type="checkbox"/>									
SHIP TO										
Name: <i>XYZ Company</i>	CARRIER NAME: <u><i>Truckload Transportation</i></u>									
Location #: <u>0669</u>	Trailer number: <i>EFGH56789</i>									
Address: <i>9000 XYZ Drive</i>	Seal number(s): <i>654328971</i>									
City/State/Zip: <i>Some City, ZY 90000</i>	SCAC: <i>EFGH</i>									
CID#: _____	Pro number: <i>12345678901234567890</i>									
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: _____	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>									
Address: _____	Prepaid _____									
City/State/Zip: _____	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">Coll</td> <td style="text-align: right;">3rd Party</td> </tr> <tr> <td style="text-align: right;">ect</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">_X</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">_____</td> <td style="text-align: right;">_____</td> </tr> </table>		Coll	3rd Party	ect	_____	_X	_____	_____	_____
Coll	3rd Party									
ect	_____									
_X	_____									
_____	_____									
SPECIAL INSTRUCTIONS:	<input type="checkbox"/> (check box)									
	Master Bill of Lading: with attached underlying Bills of Lading _____									

Legal Section

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:		COD Amount: \$ _____	
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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 rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
SHIPPER SIGNATURE / DATE	<u>Trailer Loaded:</u>	<u>Freight Counted:</u>	CARRIER SIGNATURE / PICKUP DATE
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<small>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.</small>
			<small>Property described above is received in good order, except as noted.</small>

Legal statement on terms and conditions.

Options: NMFTA (LTL Organization)

Non – NMFTA (refer to contract)

Create Own

Legal Terms and Conditions Statements

- **Truckload or Non-NMFC LTL Carriers:**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper.

---OR---

Received subject to tariffs, classifications or contracts in effect on the date of issue of this bill of lading.

- **NMFC LTL Carriers: (Carrier member of the NMFTA)**

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 rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

Date: 02/01/1999

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill of Lading Number:
06141411234567890

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# OF PKGS	WEIGHT (lbs)	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
160763145	25	288	Y	<input checked="" type="radio"/> N	25 floor loaded loose
16763642	160	800	<input checked="" type="radio"/> Y	N	
160763643	201	1005	Y	<input checked="" type="radio"/> N	41 floor loaded loose
160758227	206	1836	Y	<input checked="" type="radio"/> N	46 floor loaded loose
16763646	135	810	<input checked="" type="radio"/> Y	N	
160763648	305	2430	Y	<input checked="" type="radio"/> N	35 floor loaded loose
PAGE SUBTOTAL		1032	7169		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>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 NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13								
PAGE SUBTOTAL								

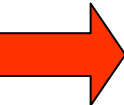
SHIP FROM					
Name: <i>ABC Company</i> Address: <i>1000 ABC Drive</i> City/State/Zip: <i>Any City, AB, 10000</i> SID#: _____ FOB: <input type="checkbox"/>			Bill of Lading Number: <u>00141411234567898</u>		
SHIP TO					
Name: <i>XYZ Company</i> Address: <i>9000 XYZ Drive</i> City/State/Zip: <i>Some City, ZY 90000</i> CID#: _____			<i>Location</i> #: <u>0669</u> FOB: <input type="checkbox"/>		
CARRIER NAME: <u>Truckload Transportation</u> Trailer number: <i>EFGH56789</i> Seal number(s): <i>654328971</i>					
SCAC: <i>EFGH</i> Pro number: <i>12345678901234567890</i>					
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name: _____ Address: _____ City/State/Zip: _____					
SPECIAL INSTRUCTIONS:			Prepaid _____ Collect <u>X</u> 3 rd Party _____		
			<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
<i>SEE ATTACHED</i>			Y	N	
<i>SUPPLEMENT PAGE</i>			Y	N	

Key Rules of Use

- **Maintain geographical placement of data descriptions**
- Data description sections can be modified (H, W, L)
- **The following key data elements are to be highlighted:**

BOL #	Ship to Location #
SCAC & PRO #	Customer Order #
- Packing Lists, Shipping Manifests and other paperwork are considered separate documents
- **The Supplement Page can be modified to only show - Customer Order Information or Carrier Information**
- Continuous feed print formats are acceptable
- **Data tags are allowed - Special instructions and Additional Shippers Info. Sections**
- Back of BOL form reserved for terms and conditions

Date: 02/01/1999	BILL OF LADING	Page 1
SHIP FROM		
Name: <i>ABC Company</i>	Bill of Lading Number: <i>00141411234567898</i> _	
Address: <i>1000 ABC Drive</i>		
City/State/Zip: <i>Any City, AB, 10000</i>		
SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO		
Name: <i>XYZ Co. C/o Consolidator KLM</i> Location #: <i>0669</i> __	CARRIER NAME: <u><i>LTL Transportation</i></u>	
Address: <i>9000 XYZ Drive</i>	Trailer number: _____	
City/State/Zip: <i>Some City, ZY 90000</i>	Seal number(s): _____	
CID#: _____ FOB: <input type="checkbox"/>	SCAC: <i>ABCD</i>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Address: _____	Prepaid _____ Col _____ 3 rd Party _____	
City/State/Zip: _____	<input checked="" type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		
Underlying Bill of Lading Numbers: 23456789012345678901, 34567890123456789012, 45678901234567890123, 56789012345678901234, 67890123456789012345, 78901234567890123456		
MUST DELIVER BY 9/9/00. PLEASE CALL FOR DELIVERY APPOINTMENT @ 732-555-1515		
IMPORTANT! MAINTAIN TRAILER 45 DEGREE TEMPERATURE		



Use of Master Bill of Lading

- **A Master Bill of Lading is created for three shipment scenarios:**
 - **Consolidation shipments**
 - **Invoice per Bill of Lading per customer order**
 - **Truckload shipments with multiple stops**

For these scenarios, the purpose of the Master Bill of Lading is to tie the underlying Bills of Lading together into one shipment for freight rating and billing purposes.

- **The standard Bill of Lading is used as a Master Bill of Lading by checking the “Master Bill of Lading” indicator box.**
- **The underlying Bill of Lading numbers shall be referenced in the Special Instructions field on the Master Bill of Lading.**
- **The Master Bill of Lading number shall be referenced in the Special Instructions field on the underlying Bills of Lading.**

VICCS BOL Guideline Contents

1. Introduction
 2. The Bill of Lading Form
 - 3. The Standard Bill of Lading Number**
 - 4. Rules of Use for the Standard Bill of Lading**
 5. Use of the Supplement to the Bill of Lading
 6. Use of a Master Bill of Lading
 7. Hazardous Material Regulations
 8. Mandatory vs. Conditional Data Fields
 9. Data Field Descriptions
 10. Glossary of Terms
- Appendix A - G

Obtaining BOL Guidelines

1. www.vics.org
2. Select ***VICS Guidelines***
3. Select ***Standard Bill of Lading***

Thank You!