

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059643		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
Page 1 of 2		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER (b)(6)			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059643		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059611		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059602		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059602		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059662		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059662		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059664		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059664		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059638		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059638		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059608		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
Page 1 of 2		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (<i>Freight address of actual shipping point</i>) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (<i>Freight address of actual receiving point</i>) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (<i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i>) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (<i>Name, Phone</i>) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (<i>Include hazardous materials description, if any</i>) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059608		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059605		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059609		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059609		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059612		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (<i>Freight address of actual shipping point</i>) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (<i>Freight address of actual receiving point</i>) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (<i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i>) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (<i>Name, Phone</i>) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (<i>Include hazardous materials description, if any</i>) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059612		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059601		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (<i>Freight address of actual shipping point</i>) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (<i>Freight address of actual receiving point</i>) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (<i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i>) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (<i>Name, Phone</i>) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (<i>Include hazardous materials description, if any</i>) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059666		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059666		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059657		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059657		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059648		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059648		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059658		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
Page 1 of 2 6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059658		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059653		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059653		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059660		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059603		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059672		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059668		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563			
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (<i>Freight address of actual shipping point</i>) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (<i>Freight address of actual receiving point</i>) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (<i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i>) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (<i>Name, Phone</i>) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (<i>Include hazardous materials description, if any</i>) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM	b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT		24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT		25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059668		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059607		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059607		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059669		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT	
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT	
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024			
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563					
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS							
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493		
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a		
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.							
RATE/ROUTE RESPONSE							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	
				c. TARIFF OR OTHER RATE AUTHORITY OTO		d. ESTIMATED COST \$3,850.00	
21. REMARKS AND SPECIAL SERVICES				20. ISSUING OFFICER Charles Jones		a. ISSUING OFFICE	
				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020	
APPLICABLE ORIGIN PICK-UP INFORMATION							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
APPLICABLE DESTINATION INFORMATION							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059669		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059654		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563						
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059654		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059616		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
Page 1 of 2		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059616		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		

Bill of Lading <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER 704120CS10059614		2. DATE OF REQUEST 03/25/2020		3. PICKUP DATE TIME 03/30/2020 15:00 EDT		
		1b. TRANSPORTATION ORDER NUMBER 364		4b. SCAC MGXB		5. DELIVERY DATE TIME 04/14/2020 15:00 EDT		
		4a. TSP MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com		6b. CONTACT FOR ADDITIONAL INFORMATION Name: Charles Jones Phone No: 202-253-4816 Email: Charles.jones3@fema.dhs.gov 500 C Street Southwest Washington, DC 20024				
Page 1 of 2		6. REQUESTING AGENCY FEMA		6a. NAME AND MAILING ADDRESS U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563				
7. TYPES OF RATES REQUESTED TL			8. SHIPMENT SIZE SEE BLK 10		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) (1) REEFER VAN: TRANS								
11. CONSIGNOR (SHIPPER) SEE BLK 6b and 12		12. ORIGIN (Freight address of actual shipping point) FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			15. TRANSPORTATION APPROPRIATION NUMBER 1509-313493			
13. CONSIGNEE (RECEIVER) SEE BLK 14		14. DESTINATION (Freight address of actual receiving point) Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) SEE BLK 6a			
16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling) REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.								
RATE/ROUTE RESPONSE								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER (Name, Phone) MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT \$4.92 RPM		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY OTO	d. ESTIMATED COST \$3,850.00
				20. ISSUING OFFICER Charles Jones			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: DR-4480-NY CO: C1029003 DO: D1029004 RRF #: 2604-113837-002		23. DATE ISSUED (MM/DD/YYYY) 03/26/2020		
APPLICABLE ORIGIN PICK-UP INFORMATION								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
APPLICABLE DESTINATION INFORMATION								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

BILL OF LADING CORRECTION NOTICE

1. BOL NUMBER 704120CS10059614		2. DATE BOL WAS ISSUED 03/26/2020 19:43 EDT		3. DATE NOTICE PREPARED 03/26/2020 19:53 EDT	
4. ORIGIN FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			5. DESTINATION Icahn Stadium Randalls Is Park New York, NY 10035		
6. TO (Carrier name/address to which this is directed – including zip code) MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			7. FROM (Notice initiator name/address – including zip code) Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
8. LINE HAUL \$ 3,850.00 OTO		9. ACCESSORIAL COST \$ 0.00		10. CORRECTIONS COST \$ 0.00	
11. COST TYPE	12. COMMENTS			13. ADDITIONAL COST	14. REVISED TOTAL COST
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
15. TOTAL COST					\$ 3,850.00
16. AUTHORITY FOR CORRECTION (Authority for making change.)					
17. REMARKS (Pertinent information not otherwise provided on the form.)					
18. SIGNATURE AND TITLE OF INITIATING OFFICIAL Charles Jones			19. CARRIER REPRESENTATIVE'S SIGNATURE (Required when notice is initiated by shipper and transportation charges are affected.)		