



Big Belly Solar LLC
150 A Street
Suite 103
Needham MA 02494
United States
888 820 0300
Tax ID:84-3362657

Invoice

#52540

06/27/2024

Bill To:

Dannielle Palazzo
City of Somerville MA
Somerville DPW Buildings and Grounds 17 Franey Rd
Somerville MA 02145
United States

Ship To:

Jeff Barbieri
City of Somerville MA
90 Washington St
Municipal Storage Yard
Somerville MA 02143
United States

Terms

Net 30

Due Date

07/27/2024

PO #

CSA 10299-3

Sales Rep

Mark Koeck

Shipping Method

Delivery

Quantity	Item	Rate	Amount
7	WS-DBL-SC5.5-H-FP-W5-BAT Sense Double Station with Chutes, Foot Pedals, and Five Year Warranty	\$0.00	\$0.00
48	WRTY-EXT-SCH-1 YEAR Non-Compactor Hub Extended One Year Warranty	\$0.00	\$0.00

Please make checks payable to:

Big Belly Solar LLC
P.O. Box 849518
Boston MA 02284-9518
United States

Subtotal	\$0.00
Tax	\$0.00
Shipping Cost	\$1,710.00
Total	\$1,710.00
Amount Paid	\$0.00
Amount Due	\$1,710.00

ACH Information: Cambridge Savings Bank • Acct Name: Big Belly Solar LLC • Acct# 11728865 • Routing# 211371120

Wire Information: Citibank • Acct Name: Cambridge Savings Bank • Acct# 71160000000000093 • Swift# CITIUS33 • Routing# 031100209 • For Further Credit To: 11728865, Big Belly Solar, LLC



Danielle Palazzo

From: Jeff Berman <jberman@bigbelly.com>
Sent: Tuesday, October 29, 2024 2:12 PM
To: Danielle Palazzo
Subject: Re: Invoice 52540
Attachments: BOL_6.26.2024.pdf

This email is from an external source. Use caution responding to it, opening attachments or clicking links.

6/26/24. See attached for the BOL.

Thanks!

On Tue, Oct 29, 2024 at 2:05 PM Danielle Palazzo <dpalazzo@somervillema.gov> wrote:

Hi Jeff,

On invoice 52540 can you please tell me when the shipping was done? They are inquiring in Auditing.

Thanks!

Danielle Palazzo

City of Somerville, DPW

Deputy Director of Finance and Administration, Associate MCPPO

Notary Public, Commonwealth of Massachusetts

1 Franey Road, Somerville Ma.02145

617-625-6600 ext 5105

Fax 866-808-4851



Shipping - Short Form - Not Negotiable		BOL Number: 118979	
Ship From		Pro # : 118979	
BELLY SOLAR XO LOGISTICS 46 STAFFORD STREET LAWRENCE MA 01841 (978) 682-4000 X202		Ship Date : 06/26/24	
		Cust Ref # : 48533	
		PU Ref # : 48533	
		Del Ref # :	
		Del Appt : 06/26/24	
		Carrier : THE RIGHT PATH EXPRE	
		Carrier Pro# : DAVID	
Ship To		References	
CITY OF SOMERVILLE 90 WASHINGTON ST SOMERVILLE MA 02143 (617) 366-7127		48533	
		Seal 41706344	
Bill To			
DMX LOGISTICS 140 EPPING ROAD EXETER NH 03833			
Special Instructions:		Freight Terms:	
48533		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
QTY	PKG	Wgt	HM
46		8100	
Item Description		DIMS	Cls
			NMFC #

***Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.**

Haz Mat emergency Contact # _____

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper not to exceed _____ per _____"	COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Check Acceptable <input type="checkbox"/>
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Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)

For Freight Collect Shipments:

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor: _____ Shipper Signature / Date _____ This is to certify that the above named materials are properly classified packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Signature of Shipper: <i>[Signature]</i> Date: 6-26-24 Consignee/Receiver Signature / Date _____ This is to certify that the above named materials were received in apparent good order (except as noted). Signature of Consignee: _____ Date: _____	Trailer Loaded: _____ Freight Counted: _____ By Shipper By Shipper By Driver By Driver Carrier Signature / Date _____ Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Carrier: <i>[Signature]</i> Date: 6-26-24
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