

OR FAX TO: \_\_\_\_\_ INVOICE NO:

START DATE:		END DATE	
FROM:		TO:	
NAME OF COMPANY:			
DESCRIPTION OF LOAD:			
DRIVER'S NAME:	DRIVER'S PHONE:		
CB CHANNEL:			
TRAILER:	TRUCK:		
FREIGHT BILL:		PERMIT#_	
HIGH POLE MILES:		=	
LEAD MILES:	@	=	
OVERNIGHT:	@	=	
DAY RATE:	@	=	
NO GO:	@	==	
DETENTION:	HOUR/S_		=
CHASE MILES:	@	_ TOTAL:	
ESCORT DRIVER:			
DRIVER:			
REMARKS:			
DRIVER'S SIGNATURE: _			

**MAKE CHECKS PAYABLE TO:** 

**WE PAY QUICKLY**15627 WEST MCNICHOLS • DETROIT, MICHIGAN 48235

EMAIL: WEPAYQUICK@GMAIL.COM