

USTO	MER NO	NAME:	NAME:				LOCATION:			
USTO	MER P.O.#		s	HIP DATE	: <u></u>					
DATE		ACTIVITY ORIGINAL INVOICING			DONE BY:	AMOUNT	DATE REC'D.	AMOUNT		
				TOTAI	L					
DUE DATE	•	SHIPPER(S)	INVOICE REC'D.	DATE SCH'D.	AMOUNT DATE PER S/O PAID		CHECK NO.	AMOUNT PAID		
		TOTAL								

GROSS PROFIT/

BROKERAGE

ESTIMATE

FILE CLOSED G.P. AUDITED

ACTUAL