

Driver's Statement of Services Performed



Box 1302, East Greenwich, RI 02818-0998
800-343-3500. 401-828-8111

DATE: _____

Unit #:	Driver Name:
Reg. #:	Customer Name:
Pickup (check one):	<input type="checkbox"/> Residence <input type="checkbox"/> Warehouse
Delivery (check one):	<input type="checkbox"/> Residence <input type="checkbox"/> Warehouse

CHECK SERVICES PERFORMED

Overflow Shipment (Weights Needed)	Origin – Long Carry	
Reweigh (Weights Needed)	Origin – Flight Carry	
Set Off (Weights Needed; Indicate Origin & Destination Points)	Origin – Piano Carry	
Line Haul	Origin – Elevator	
Packing Containers	Origin – Labor **	
Packing Labor	Origin – Waiting Time **	
Unpacking	Origin – Shuttle Labor **	
Added Transportation	Origin – Shuttle Truck **	
Bulky Articles (List All Articles on Accessorial Form)	Destination – Long Carry	
Flat Rate Auto (Weights Needed)	Destination – Flight Carry	
Toll Charge	Destination – Piano Carry	
OS Wrap (Must be Marked Properly on Inventory and Listed on Accessorial Form)	Destination – Elevator	
Extra Pickup (Separate Weight Tickets Needed; Indicate Pickup and Delivery Locations)	Destination – Labor **	
Extra Delivery (Separate Weight Tickets Needed; Indicate Pickup and Delivery Locations)	Destination – Waiting Time **	
Other (Specify):	Destination – Shuttle Labor **	
Other (Specify):	Destination – Shuttle Truck **	

**** Hours must be recorded on proper accessorial form and signed by the customer.**

Services Authorized By: _____

Quality Assurance Coordinator Name

Dispatcher Name

Other (specify)

Driver Signature: _____

IMPORTANT!

ALL SERVICES PERFORMED MUST BE LISTED ON THE PROPER ACCESSORIAL FORM AND SIGNED BY THE CUSTOMER. PAPERWORK MUST BE PROPERLY AND COMPLETELY FILLED OUT TO ENSURE THE DRIVER RECEIVES ALL REVENUE DUE. CUSTOMER MUST SIGN OFF ON ALL SERVICES PERFORMED.