

Date	Truck / Trailer ID	Origin	Destination	Start Time	End Time	Hours	Rate	Total

REIMBURSABLE EXPENSES (FUEL, TOLLS, SCALES)

Date	Description	Receipt #	Amount

Subtotal (Labor): \$ _____

Total Expenses: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Net ___ days. Please make checks payable to _____.

Driver Signature: _____

Date: _____