

CLIENT NAME and #

DATE _____

SERVICE ORDER # _____

TYPE OF SERVICE		MILES	MILES	STARTING TIME	ENDING TIME	TOTAL TIME
TRANSPORTATION	ERRAND					
TYPE OF VEHICLE >>	CAR	SUV	PICK-UP	TRAILER	TRUCK	# OF WORKERS >>

PICK-UP ZIP CODE	DELIVERY ZIP-CODE	TOTAL MILES	MILE RATE	MILEAGE CHARGE >>>	AMOUNT DUE
		TOTAL TIME	# OF WORKERS	TIME RATE	EXTRA TIME CHARGE >>>
		PACKAGES / WEIGHT	EXTRA WEIGHT	WEIGHT RATE	EXTRA WEIGHT CHARGE>>
		ADDITIONAL CHARGE >>>			

Take a picture of the completed form, give original to customer, and text picture to us

PAYMENT:
CASH . OR CHARGE?

AMOUNT >>
-10% CASH
DISCOUNT>>

AMOUNT TO PAY >> _____

SERVICE RATING	WORST — BEST > 0 TO 10 >>	
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THANK YOU FOR
SELECTING
THE DELIVERY GUYS

PRICE RATING	HIGH — GOOD > 0 TO 10 >>	
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SERVICE COMMENTS:

SP SIGN HERE

SP #

CLIENT SIGN HERE

THANK YOU!