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Date:		Cross Dock W	Cross Dock Work Order:		
WORK DONE BY OFF LOAD		RELOAD			
BILL TO:					
Company:			ity:		
Phone:					
DROPPED BY:		PICKED UP BY:			
Company:		Company:	Company:		
		11			
Truck Lic Plate#:					
Trailer Lic Plate#:					
Driver Name (print):		Driver Name (print):			
Signature:					
LOAD DESCRIPT	ION:	ITEM:	RATE:	AMOUNT:	
Full Load 🛛 🗖	Comments:	Cross Dock:			
Double Stack 🛛		Storage:			
Reg Skids 🛛 🗆					
Floor Loaded 🛛					
Load Shifted					
Extra Time 🛛			Subtotal:		
			HST 13%:		
Damaged □ Paper Roll □					

 Driver Name (print)
 Time: \_\_\_\_\_ AM□ PM□

 Signature \_\_\_\_\_
 Date: \_\_\_\_\_