INVOICE:	**Invoice Date:**	**Invoice Amount: $**	
	Invoice Number:	*contracting carrier remits payment to owner/operator*	**OWNER / OPERATOR**

CONTRACTING CARRIER / BROKER

Name: _____

Address: _____

Phone: _____

Manifest Details

	Shipper	Pkg. ID #	Customer Name	Address	City	ZIP Code	Signature	Print Name	Qty.	Time	$ Earned
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Total: *Pkgs* [____]   *Furn* [____]   *Stops* [____]   *Other:* _____

Date: [_____] [_____]   *Page* [____] *of* [____]

Print Driver's Name: _____

Driver's Signature: _____