



Waybill / Bill of Lading

BILLED TO:	DATE:
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SERVICE TYPE: <input type="checkbox"/> SAME-DAY DELIVERY <input type="checkbox"/> EXPRESS DELIVERY <input type="checkbox"/> HOTSHOT DELIVERY
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CLIENT INFORMATION

SHIPPER (FROM)	RECEIVER (TO)
Name:	Name:
Company Name:	Company Name:
Address:	Address:
City / Prov / Postal:	City / Prov / Postal:
Cell:	Cell:

SHIPMENT DETAILS

# of Packages	Weight	Item Details / Project Number / Reference Number

DRIVER DETAILS

Driver Name P/U	Pickup Time	Driver Name D/O	Delivery Time

HOTSHOT DELIVERY DETAILS

Number of KM	Project Number / Reference	Item Details

SIGNATURES

Driver Signature	Receiver Signature
Printed Name:	Printed Name:
Date:	Date: