



LUMPER / UNLOADING SERVICE RECEIPT

RETAIN THIS RECEIPT — REQUIRED FOR REIMBURSEMENT

LOAD INFORMATION

Load / Reference #	
Date of Service	
BOL Number	
Pro Number	
Driver Name	
Driver Phone	
Carrier / Company	
Truck / Trailer #	

FACILITY INFORMATION

Facility Name	
Address	
City / State / ZIP	
Dock Door #	
Facility Contact Name	
Facility Phone	

LUMPER SERVICE DETAILS

Service Description	Hours	Rate/Hr	Total
Unloading – General Freight		\$	\$
Unloading – Pallet/Sorting		\$	\$
Other: _____		\$	\$
TOTAL AMOUNT PAID			\$

PAYMENT METHOD

Cash
 Check #: _____
 ComCheck #: _____
 EFS/T-Chek #: _____

AUTHORIZATION SIGNATURES

 Lumper / Service Provider Signature Printed Name Date



7 GRANDS LOGISTICS LLC

Kansas City, MO | 816-522-0179 | 7grandslogistics@gmail.com | 7grandslogistics.com

LUMPER RECEIPT

June 2026

Driver Signature (acknowledging payment)

Printed Name

Date

Facility Representative Signature

Printed Name

Date

REIMBURSEMENT: Submit signed receipt with invoice and POD to 7grandslogistics@gmail.com | 816-522-0179



7 GRANDS LOGISTICS LLC