



FALCON TRANSPORT CO.

TRANSFLO Express ® Cover Sheet

Order# / Load#:

Tractor #:

Driver Name:

Trailer #:

Employee # / IC#:

Shipper's # / BOL#:

SHIPPER	Name: _____		CONSIGNEE	Name: _____	
	City: _____	State: _____		City: _____	State: _____

NO. OF PIECES	DESCRIPTION OF ARTICLES	WEIGHT
	Verified by Shipper _____ And Consignee _____	
SEAL #	Received the above described property in good condition except as noted. CUSTOMER SIGNATURE: _____	Date of Delivery _____ SEAL # INTACT

Completely fill-out your cover sheet
Drivers must keep all original paperwork for 60 days
Do Not Scan Logs
Remember: You will pay nothing at the Truck Stop

PICK-UP OR DELIVERY DETENTION REPORT

LOADING	UNLOADING
Date: _____ Day: _____	Date: _____ Day: _____
Scheduled Time of Arrival _____ Time Spotted for Loading _____	Scheduled Time of Arrival _____ Time Spotted for Loading _____
Actual Time of Arrival _____ Time Loading Began _____	Actual Time of Arrival _____ Time Loading Began _____
Person Notified _____ Time Loading Completed _____	Person Notified _____ Time Loading Completed _____
_____ Time Released by Shipper _____	_____ Time Released by Shipper _____
Lunch or Non-Working Periods _____	Lunch or Non-Working Periods _____
_____ Shipper Signature/Title	_____ Shipper Signature/Title
_____ Driver Signature	_____ Driver Signature

