



COMPANY NAME

Address  
City, State, Zip Code  
Phone Number  
[Email Address](#)

REPORT OF:

DRIVER NAME

Address  
City, State, Zip Code  
Phone Number  
[Email Address](#)

## PAY REPORT

Date of Invoice: 10/31/2017  
Load #: 00000  
Load Type: Long Haul  
Date 11/02/2017

#	TASKS	DETAIL	ACTION	AMOUNT
1	Long Haul	Shipping Address To Consignee Address	Addition	\$0.00
2	Empty Miles	500.00 X \$0.10	Addition	\$50.00
3	Loaded Miles	2400.00 X \$0.15	Addition	\$360.00
4	Extra PickUp	0 X \$15.00	Addition	\$0.00
5	Extra Drops	0 X \$15.00	Addition	\$0.00
6	Unused Advance Money	Total Advance Money (\$500.00) - Total Expenses (\$160.00)	Deduction	\$340.00
			<b>GRAND TOTAL</b>	<b>\$70.00</b>

Thank you!