

SINGLE SEAT RUN-A-ROUND CLAIM FORM

DATE : _____

A COPY OF THIS FORM MUST BE TURNED IN TO THE COMPANY. IF YOU ARE NOT PAID WITHIN 14 DAYS, YOU MUST FILE A PROPER GRIEVANCE.

PRINT YOUR NAME: _____

SOCIAL SECURITY NUMBER: (LAST FOUR DIGITS): _____

DATE & TIME OFF REST: _____ HOURS AVAILABLE: _____

DATE & TIME YOU WERE DISPATCHED: _____

TRIP YOU WERE DISPATCHED ON: _____

TRACTOR #: _____ TRAILER # 1: _____ TRAILER # 2: _____

DESTINATION OF TRAILER # 1: _____ TRAILER # 2: _____

NAME OF DRIVER THAT WAS RUN-A-ROUND YOU: _____

DATE & TIME DRIVER WAS DISPATCHED: _____

TRIP DRIVER WAS DISPATCHED ON: _____

TRACTOR#: _____ TRAILER # 1: _____ TRAILER # 2: _____

DESTINATION OF TRAILER # 1: _____ TRAILER # 2: _____

AMOUNT OF CLAIM (MILES OR HOURS): _____

SIGNATURE: _____

_____ TIME STAMP

REV. 9-24-06 LLP