

TEAM

RUN-A-ROUND CLAIM FORM

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.

DATE : _____

PRINT YOUR NAME: _____ HOURS AVAILABLE: _____

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS): _____

PRINT YOUR NAME: _____ HOURS AVAILABLE: _____

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS): _____

DATE & TIME OFF REST: _____

DATE & TIME YOU WERE DISPATCHED: _____

TRIP YOU WERE DISPATCHED ON: _____

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

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

NAME OF DRIVER / DRIVERS THAT WERE DISPATCHED AROUND YOU OR TO RAIL.

NAME: _____ NAME: _____

RAIL OR DESTINATION OF SAID DRIVER/DRIVERS: _____

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

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

AMOUNT OF CLAIM (MILES OR HOURS): _____

SIGNATURE: _____

SIGNATURE: _____

_____ TIME STAMP

REV. 9-24-06 LLP