

THIS BOX IS FOR GENERAL OFFICE USE ONLY

LANDSTAR
LANDSTAR TRANSPORTATION LOGISTICS, INC.

UNIT # _____ OR _____
LTL / MULTIPLE TRUCKLOAD

Freight Bill / Trip Number(s) _____

PRINT NAME OF DRIVER _____

DRIVER SIGNATURE _____

DEADHEAD DATE: _____ DELIVERY CITY/STATE: _____
 LOAD DELIVERED BEFORE THIS LOAD

ORIGIN DATE: _____ CITY/STATE: _____
 PICKUP FOR THIS LOAD

DESTINATION DATE: _____ CITY/STATE: _____
 FINAL DELIVERY OF THIS LOAD

STATE	MILES	HIGHWAYS TRAVELED
The first state listed must be the same as your Deadhead State		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
TOTAL		