



Load Control Sheet

Order ID: _____

Agent: _____

Form Completed By: _____

Ref/BL#: _____

Shipper	Consignee
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Pickup Date/Time: _____	Delivery Date/Time: _____

Prepaid __ Collect __ COD __ 3rd Party __ Pick up Check __ Bill To Name: _____ Address: _____ City/State/Zip: _____	Stop/Pickup City/ State _____ _____ _____
---	--

Commodity: _____

Rate: _____ Flat ____ PM ____ PH ____ Miles: _____ Weight: _____ Linehaul: _____ Accessorials: <table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> <th>% to Truck</th> </tr> </thead> <tbody> <tr><td>Fuel Surcharge</td><td>_____</td><td>_____</td></tr> <tr><td>Tarp</td><td>_____</td><td>_____</td></tr> <tr><td>Stops/Pickup</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> Permits _____ Plus ____ Minus ____ Escorts _____ Plus ____ Minus ____	Description	Amount	% to Truck	Fuel Surcharge	_____	_____	Tarp	_____	_____	Stops/Pickup	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Unit #: _____ Trailer #: _____ Driver #: _____ Carrier: _____ Carrier Code: _____ % or \$ to Truck: _____ Comments: _____ _____ _____ _____ _____ _____
Description	Amount	% to Truck																				
Fuel Surcharge	_____	_____																				
Tarp	_____	_____																				
Stops/Pickup	_____	_____																				
_____	_____	_____																				
_____	_____	_____																				
_____	_____	_____																				

Grand Total Billing: \$ _____
