

**Sumter Transport Company
Dispatch Information**

Bill To: _____

Order No _____

Driver _____

Tractor _____

Trailer _____

Reference # _____

Manifest/BOL # _____

Rev. Code _____

Beginning Odometer _____

Commodity _____

Ending Odometer _____

Total hours to do this trip:

Did you pay tolls? Yes No

Shipper

Consignee

Loading Information

Unloading Information

| | Date | Time |
|---------|----------------------|----------------------|
| Arrival | <input type="text"/> | <input type="text"/> |
| Start | <input type="text"/> | <input type="text"/> |
| Finish | <input type="text"/> | <input type="text"/> |
| Depart | <input type="text"/> | <input type="text"/> |

| | Date | Time |
|---------|----------------------|----------------------|
| Arrival | <input type="text"/> | <input type="text"/> |
| Start | <input type="text"/> | <input type="text"/> |
| Finish | <input type="text"/> | <input type="text"/> |
| Depart | <input type="text"/> | <input type="text"/> |

Shipper Signature _____

Consignee Signature _____

Did you use the pump? No Yes How Long? _____
Did you vacuum? No Yes How Long? _____

Did you use the pump? No Yes How Long? _____
Did you vacuum? No Yes How Long? _____

Stop Detail

Tanker Information

| | Inches | Gallon | RCRA | Empty? | Signature | Release # (if not empty) |
|---------------------------------|----------------------|----------------------|-------|--------|-----------|--------------------------|
| Pick Up | <input type="text"/> | <input type="text"/> | Yes | No | _____ | <input type="text"/> |
| Load | <input type="text"/> | <input type="text"/> | | | _____ | |
| Unload | <input type="text"/> | <input type="text"/> | Yes | No | _____ | <input type="text"/> |
| Roberoller Tested at Pickup? | Yes | No | _____ | _____ | _____ | |
| Trailer pH | _____ | | Date | Time | Signature | |
| Vacuum System Tested at Pickup? | Yes | No | Date | Time | Signature | |

Box Information

| | | | | | |
|-----------------|----------------------|-----------------|----------------------|-------------------------|----------------------|
| Box # Delivered | <input type="text"/> | Box # Picked Up | <input type="text"/> | Box # Dumped & Returned | <input type="text"/> |
|-----------------|----------------------|-----------------|----------------------|-------------------------|----------------------|

FUEL AND OIL PURCHASES

Fuel Tickets _____ Total Fuel Purchases _____ Total Oil Purchased _____ Tractor _____ Trailer _____

Driver's Signature _____