



Committed to Being the Best Supplier of Driver Services

DATE: \_\_\_\_\_

OFFICE BRANCH: TRIAD

Driver: \_\_\_\_\_

Phone: 336.855.1383

Customer: \_\_\_\_\_

Fax #: 336.855.7944

STARTING TIME: \_\_\_\_\_ AM / PM

Ending Mileage: \_\_\_\_\_

LUNCH:  Yes (time taken) \_\_\_\_\_  No

Starting Mileage: \_\_\_\_\_

ENDING TIME: \_\_\_\_\_ AM / PM

Total Mileage: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

# of Stops: \_\_\_\_\_

Drop & Hook: \_\_\_\_\_

DELAY TIME: Start \_\_\_\_\_ AM / PM

Piece Count: \_\_\_\_\_

End \_\_\_\_\_ AM / PM

Expenses: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time sheets must be signed by customer and are due at noon on Monday.**

*By signing this timesheet you agree to pay IDSC for the units worked by the employee under the terms of your IDSC Agreement.*

\_\_\_\_\_  
Authorized Customer Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

*I certify that I have not been injured nor have I been involved in a vehicular accident while on this assignment.*

\_\_\_\_\_  
Driver Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year