



Committed to Being the Best Supplier of Driver Services

OFFICE BRANCH: TRIAD

Phone: 336.855.1383

Fax #: 336.855.7944

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

Driver: _____ Customer: _____

Week Ending (Saturday) _____ / _____ / _____
Month Day Year

	DATES Month/Day	TIME	START	LUNCH	END	TOTALS	DELAYS	STOPS	Drop & Hook	Piece Count	EXPENSES	COMMENTS
		MILES										
SUN	___ / ___	TIME										
		MILES										
MON	___ / ___	TIME										
		MILES										
TUES	___ / ___	TIME										
		MILES										
WED	___ / ___	TIME										
		MILES										
THUR	___ / ___	TIME										
		MILES										
FRI	___ / ___	TIME										
		MILES										
SAT	___ / ___	TIME										
		MILES										
			TOTALS									

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

I certify that I have not been injured nor have I been involved in a vehicular accident while on these assignments.

 Authorized Customer Signature Date: ___ / ___ / ___
Month Day Year

 Driver Signature Date: ___ / ___ / ___
Month Day Year