



WORK ORDER

Date: _____

Ordered By: _____

Bill to: _____

P.O#: _____ Unit#: _____

Name: _____

Address: _____

City/State/Zip _____

Phone Number: _____ Fax Number: _____

Load: Haul Drive Tow

Net Dimensions: _____ X _____ X _____

Description of Hauling Equipment: _____

Vehicle Width:	Trailer Length:		Kingpin Setting			Combo Length:			
Axle Number	1	2	3	4	5	6	7	8	9
Number of Axles									
Distance Between Axles									
Width of Axles									
Maxim Allowable Weights									

Height: _____ Width: _____ Overall Length: _____ Overhang: _____ Pilot Car Requested Yes No

Origin: _____ Destination: _____

Notes / Pilot Car: _____

Permits

Permit	Permit Cost	Service Fee	Pick Up Fee	Permit	Permit Cost	Service Fee	Pick Up Fee
1. _____	_____	_____	_____	6. _____	_____	_____	_____
2. _____	_____	_____	_____	7. _____	_____	_____	_____
3. _____	_____	_____	_____	8. _____	_____	_____	_____
4. _____	_____	_____	_____	9. _____	_____	_____	_____
5. _____	_____	_____	_____	10. _____	_____	_____	_____

Total Permit Cost	Total Service Fee	Total Pick Up Fee	Total Pilot Car Fee	Grand Total
_____	_____	_____	_____	_____