



**FALCON TRANSPORT CO.**

**TRANSFLO Express ® Cover Sheet**

Order# / Load#:

Tractor #:

Driver Name:

Trailer #:

Employee # / IC#:

Shipper's # / BOL#:

<b>SHIPPER</b>	Name: _____		<b>CONSIGNEE</b>	Name: _____	
	City: _____	State: _____		City: _____	State: _____

NO. OF PIECES	DESCRIPTION OF ARTICLES	WEIGHT
	Verified by Shipper _____ And Consignee _____	
SEAL #	Received the above described property in good condition except as noted. CUSTOMER SIGNATURE: _____	Date of Delivery _____ SEAL # INTACT

**Completely fill-out your cover sheet**  
**Drivers must keep all original paperwork for 60 days**  
**Do Not Scan Logs**  
**Remember: You will pay nothing at the Truck Stop**

**PICK-UP OR DELIVERY DETENTION REPORT**

LOADING	UNLOADING
<b>Date:</b> _____ <b>Day:</b> _____	<b>Date:</b> _____ <b>Day:</b> _____
Scheduled Time of Arrival _____ Time Spotted for Loading _____	Scheduled Time of Arrival _____ Time Spotted for Loading _____
Actual Time of Arrival _____ Time Loading Began _____	Actual Time of Arrival _____ Time Loading Began _____
Person Notified _____ Time Loading Completed _____	Person Notified _____ Time Loading Completed _____
_____ Time Released by Shipper _____	_____ Time Released by Shipper _____
Lunch or Non-Working Periods _____	Lunch or Non-Working Periods _____
_____ Shipper Signature/Title	_____ Shipper Signature/Title
_____ Driver Signature	_____ Driver Signature

