

9365 North Parma Road
 Springport, MI 49284
 Phone: 517-531-4949
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Pro Number _____

Shipper No. _____

Date _____

Shipper:

Consignee:

NO. PKGS	DESCRIPTION	WEIGHT	RATE	TOTAL
Driver		Rec'd Above In Good Condition By (Consignee Print)		TIME IN
Tractor	Trailer	Rec'd Above In Good Condition By (Consignee Signature)		TIME OUT