

Rybicki Trucking Co., Inc.

Owner Operator Paysheet

Name: _____
 Fax: 517-531-4949

Date	Pick Up	Delivery	Trailer No.	Pro No.	Gross	FSC

Date						
Fuel \$						
CA						
SC						
Total						
					Total	

Gross Total	
% Gross	
FSC	
Trailer Rent	
Advance	
Misc	
Aflac	
Net	

Direct Deposit Date: _____