

Rybicki Trucking Co., Inc. Company Driver Weekly Paysheet

Employee Name _____
Fax 517-531-5959

Per Diem _____

Expenses

COMDATA FUEL CARD NON REIMBURSABLE								
Date	State	Description	Fuel Gallons	Fuel Cost	Oil	Repairs	Misc	Advance
Total Advances								

COMDATA CREDIT CARD NON REIMBURSABLE								
Date	State	Repairs	Parts	Wash	Tolls	Scales	Fax	Misc

OUT OF POCKET EXPENSES TO BE REIMBURSED								
Date	State	Repairs	Parts	Wash	Tolls	Scales	Fax	Misc

Loads

Date	From	To	Weight	Shipper	PRO #	**Gross
**%						
**Straight						
**Per Diem						
**Total						

Employee Signature _____

