ONE CALL LOGISTICS INC

On Road Expenses

Date: _____

Unit No(s): _____

Driver Name: _____

Company Name	City and State/Province	Item (ex. Scale, Trlr wash, etc.)	Amount (indicate if US or CA)

Driver MUST staple all receipts/invoice to this report.

***** NO RECEIPT. NO MONEY*****

Approved By (Initial): _____

Total (US): _____

Total (CA): _____