

**T.L.K. TRANSPORTATION**  
**P.O. BOX 19087 AMF**  
**OMAHA, NE 68119**  
**(402) 457-7992**

WAYBILL NO.	
CONTROL NO.	
DATE	
ORIGIN	DESTINATION

PAYMENT METHOD	
<input type="checkbox"/>	COLLECT
<input type="checkbox"/>	PREPAID
<input type="checkbox"/>	THIRD PARTY
<input type="checkbox"/>	F.C. C.O.D.
<input type="checkbox"/>	ADVANCE

SHIPPER			CONSIGNEE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
SENT BY		PHONE	ATTENTION		PHONE
SHIPPER REF. NO.			CONSIGNEE REF. NO.		
BILL TO			SPECIAL INSTRUCTIONS AND OR DIMENSIONS		
ADDRESS					
CITY	STATE	ZIP			

SERVICES	
<input type="checkbox"/>	Pickup
<input type="checkbox"/>	Delivery
<input type="checkbox"/>	Linehaul
<input type="checkbox"/>	Dedicated
<input type="checkbox"/>	Expedite
<input type="checkbox"/>	Car <input type="checkbox"/> Van
<input type="checkbox"/>	Truck <input type="checkbox"/> Semi
<input type="checkbox"/>	Team Required
<input type="checkbox"/>	_____
SERVICES	
<input type="checkbox"/>	Special
<input type="checkbox"/>	Lift-Gate
<input type="checkbox"/>	Extra Man
<input type="checkbox"/>	Hotel/Conv Ctr
<input type="checkbox"/>	Residential
<input type="checkbox"/>	COD Fee
<input type="checkbox"/>	Detention
<input type="checkbox"/>	_____

CUSTOMER REF. NO. REQUIRED	SHIPPER C.O.D. AMOUNT \$
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INSURED VALUE \$
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PIECES	DESCRIPTION	WEIGHT	SERVICE	RATE	CHARGES
WEIGHTS SUBJECT TO DIMENSIONAL CORRECTION					

CARRIER LIABILITY TERMS AND CONDITIONS Value agreed to be \$50.00 per shipments or 50¢ per LB unless excess value declared.	DECLARED VALUE \$
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EXCESS VALUE INS.
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SHIPPERS SIGNATURE	<small>*This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small>
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C.O.D.
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WHITE - SHIPPER	YELLOW - TLK	PINK - DELIVERY RECEIPT
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C.O.D. FEE
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PICK UP BY	DATE	TIME	AM PM	NO. OF PIECES	TOTAL
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DELIVERED BY	DATE	TIME	AM PM	NO. OF PIECES
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CONSIGNEES SIGNATURE	DATE	TIME	AM PM	PRINTED LAST NAME
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