

LUMPER RECEIPT		No.
PAID TO: Name: _____ Address: _____ _____ Phone #: _____ SS or FEI# _____	PAID BY: Name: _____ Driver's trip # _____	
Date:	Description	Amount
B/L#:		
Customer's name and address where work was performed:		
Number of Cases unloaded:		
	TOTAL	

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