



Comdata Pilot Car Division
Pilot Driver Invoice

Pilot Car Company Name PATRICIA KING
 Pilot Car Account # PC1608
 Comdata Pilot Trip # _____
 Date of Trip: _____
 Trucking Company Name _____
 Trucking Company Unit # _____

Description of Services Rendered:	# of Miles	Price per Mile	Total
Mileage Runs (Front - Rear)			
Mileage Runs with Height Pole			
Superload Mileage Runs (Front - Rear)			
Superload Mileage Runs with High Pole			
Front/Rear Minimum Run			
Height Pole Minimum Run			
Superload Minimum Run			
Slow-Moving Superload Day Rate			
Superload High Pole Day Rate			
Cancelled Load/No Go's (Pre-Approval ONLY)			
Standby Time (No charge for the first hour per day, first hour at your own expense)			
Hourly Rate			
Overnight Motel Costs			
Route Surveys			
Height Pole Surveys			
Book Survey			
Other: Description:			
Other: Description:			
Other: Description:			
NY: Long Island Flat Rate (through New York State and New York City) - (Front/Rear)			
NY: Long Island Flat Rate (through New York State and New York City) - (High Pole)			
Fuel Surcharge			
TOTAL:			

Signature (Pilot Car Driver)

Date

******PLEASE FAX YOUR TRIP SHEET AND PILOT INVOICE TO 1-866-862-1011 UPON DELIVERY OF THE LOAD******