

Invoice to: Via Courier, Inc.

(913) 831-6300

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 NEW ADDRESS

Return Payment by.....Mail   
 or.....Via Office   
 or.....Via Station   
 or.....Direct Deposit

**Contract Routes:**

Days x Pay = Total

Route Name	Route Description or Sub for	Days	Pay	Total
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .
Dates 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		x	\$ .	\$ .

**Irregular Charges: (Specials, Backups, Freight) "PLEASE BE DETAILED"**

Mo	Day	PO#	From/To	Quantity/Hours/Miles	\$

Total Route Miles _____	<b>Subtotal</b>	\$ .
	Voluntary Discount	\$ ( . )
	Misc. Deductions	( . )
Date ____/____/____	<b>TOTAL AMOUNT DUE</b>	\$ .

Signature \_\_\_\_\_