



COVER SHEET

P.O. Box 40 Osceola, IN 46561

Phone: 888-668-6885 Fax: 866-450-3580

mtisettlement@mamotransportation.com

LOAD# _____

DRIVER'S NAME _____ ID # _____

PAPERS SHOULD BE SUBMITTED IN THE FOLLOWING ORDER:

1. Cover Sheet.
2. **COMPLETED Bill of Lading/Delivery Receipt:** signed, dated, and printed name of Shipper and Consignee. Bill of Ladings must be fully completed. Not only does this protect Mamo Transportation, but you as well.
3. If you have a **breakdown**, please include a completed breakdown form or forms.
4. **Fuel & Reimbursement Report** along with receipts for reimbursement – tolls, permits, fuel additives, misc. fluids, and any other purchases approved by dispatch such as motels, chains, etc.
5. **All fuel receipts.** They must include the **date, location, price per gallon, and number of gallons** on each receipt.
6. Log Sheets. Please send completed logs in with every load.
7. Comments:

NO PRE-PAY FUEL TICKETS

THE ABOVE-MENTIONED PAPERS MUST HAVE YOUR NAME,

DRIVER ID #, AND LOAD # WRITTEN ON THEM FOR QUICK SETTLEMENT!