

Acct#: [REDACTED] Inv Date: 9/19/2014 Vchr Total: 3 Inv# [REDACTED]

ACCOUNT NO.	[REDACTED]	DEPT/INVOICE NO.	[REDACTED]	CPR NO.	[REDACTED]	JOB NO.	[REDACTED]	E	[REDACTED]
NAME OF COMPANY		DATE		USPATCH TIME	TIME OF P.U.	RES TIME	ORIGINAL COPY		
Nes. LLC		9/16/14			18:00	7:30	OFFICE USE ONLY		
NAME OF SERVICE		ZIP NO.	Passenger	REASON FOR TARIFF	REMARKS		FLAT RATE		
[REDACTED]		[REDACTED]	14:05	<input type="checkbox"/> BUSINESS <input checked="" type="checkbox"/> PERSONAL	inside P		STOP(S) CHARGE		
#	Code	Zone	Orig Wgt	<input type="checkbox"/> High volume <input type="checkbox"/> Package Delivery <input type="checkbox"/> Client <input type="checkbox"/> Out of town <input type="checkbox"/> Return OT <input type="checkbox"/> Time Jct <input type="checkbox"/> Other			TOT. WGT CHARGE		
1			30.20				7.50		
Check if not insured <input type="checkbox"/>		Zip Code	Zone	Wgt			TOLLS		
2							8.00		
Check if not insured <input type="checkbox"/>		Zip Code	Zone	Wgt			TOLLS		
3							TOLLS		
PO FINAL DESTINATION		Zip Code	Zone	TOTAL WGT	Telephone Time	Stress	PHONE		
CITICAR TRANSPORTATION							OTHER		
[REDACTED]					Additional Svc/Chgs	[REDACTED]	NYS 2% SURCHG.		
[REDACTED]					Passenger Signature	[REDACTED]	TOTAL		

Conf#: [REDACTED]

Rate: 68.00
 Tolls: 15.50
 Wait: 12.75
 Srchg: 2.48
 S. Tax: 8.81
 Total: 110.54
 Name: [REDACTED]

PLEASE READ IMPORTANT MESSAGE ON REVERSE SIDE