City Manifest

TRANSource FREIGHTWAYS   **LEGACY TRUCKING**

Pay ID: _____   Name: _____   Phone: _____

Unit No: _____   Terminal: _____   Date (MM-DD-YY): _____

Start Time: _____   End Time: _____   Total Hours: _____   Comments: _____

Order No/ Trip No/ Empty (E)	Trailer No/ Bobtail (B)	Pick (P)/ Drop (D)	Shipper/ Consignee (City, Province)	In Time	Out Time	Comments