



# STOMPER COMPANY, INC.

## Bill of Lading

Job #: \_\_\_\_\_ Date: \_\_\_\_\_ Job Name: \_\_\_\_\_

Stomper Employee: \_\_\_\_\_ Box:  Trailer:

Trucking Co./Carrier: \_\_\_\_\_ Destination: \_\_\_\_\_

Contents: \_\_\_\_\_ Truck/Box #: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

**This Form Must Be Completed for Each Salvage Load**