



Express & Logistics

P.O.Box 1693

Taylor, MI 48180

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## DRIVERS PROOF OF DETENTION

Date \_\_\_\_\_

Pick-Up or Delivery \_\_\_\_\_

Company Name \_\_\_\_\_

Driver Unit # \_\_\_\_\_

Scheduled Appointment Time \_\_\_\_\_

Actual Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Additional Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Sign:**

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Authorized Printed Name*

\_\_\_\_\_  
*Driver's Signature*

\_\_\_\_\_  
*Driver's Printed Name*