

# **ABF** Payroll Discrepancy Notification

**TO:** Payroll Department - ABC

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

MONTH—DAY—YEAR

FROM	TO	END OF TOUR (X)	TRACTOR NUMBER	TRAILER NUMBER	TRAILER NUMBER

**REMARKS:** (Explain discrepancy) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED:** \_\_\_\_\_  
(TERMINAL MANAGER OR ROAD SUPERVISOR)

**ANSWER TO REQUEST:** \_\_\_\_\_

\_\_\_\_\_

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