

Labor/Freight Request



Client name: _____
 Booth #/Size: _____
 Show: _____
 Show dates: _____
 City/facility: _____

Expo office contact: _____
 Contact's cell: _____
 Supervisor: _____
 Supervisor cell: _____

Job# _____
 Labor PO # _____
 Freight PO # _____

555 East Pamalyn , Suite B
 Las Vegas ,NV 89119
 702-617-2732-phone
 702-617-3750-fax
 Pickup date: _____
 Pickup time: _____

Pickup location #1

Carrier:

Crates:	_____	_____
	_____	_____
Pallets:	_____	_____
	_____	_____

General Contractor

Name: _____
 Address: _____

 Ph/Fax: _____
 Email: _____

Show Management

Name: _____
 Address: _____

 Ph/Fax: _____
 Email: _____

Pickup location #2

Pickup date: _____
 Pickup time: _____

Labor Order

	Day	Date	Time	Men	Total Hrs.
Installation					

Crates:	_____	_____
	_____	_____
Pallets:	_____	_____
	_____	_____

Notes:

(incl. special
 equipment needs,
 addl. servicing
 tasks, hanging
 signs, forklifts,
 ladders, etc.)

TARGET DATE & TIME:

Destination _____
 Delivery date: _____
 Delivery time: _____

Labor Contractor

Name: _____
 Address: _____

 Ph/Fax: _____
 Email: _____

Outbound pickup

Pickup date: _____
 Pickup time: _____

Van Line Contact:

Name: _____
 Address: _____

 Ph/Fax: _____
 Email: _____

Outbound destination

Delivery date: _____
 Delivery time: _____

