

Terminal Gate Empty Container Turn-In Report

Date

Time

Truck No.

Driver Name

Carrier

Terminal

Container No.	Size/Type	Condition	Seal No.	Remarks
<input type="text" value="Enter Container No."/>	<input type="text" value="e.g., 20GP"/>	<input type="text" value="e.g., Good"/>	<input type="text" value="Enter Seal No."/>	<input type="text" value="Remarks"/>
<input type="text" value="Enter Container No."/>	<input type="text" value="e.g., 40HQ"/>	<input type="text" value="e.g., Damaged"/>	<input type="text" value="Enter Seal No."/>	<input type="text" value="Remarks"/>
<input type="text" value="Enter Container No."/>	<input type="text" value="e.g., 20RF"/>	<input type="text" value="e.g., Good"/>	<input type="text" value="Enter Seal No."/>	<input type="text" value="Remarks"/>

Gate Clerk Signature

Driver Signature
