Owner's Name _____ Date Left _____ Truck No. _____ Trip No. _____ Trailer No. _____

Route: From _____ To _____ To _____

To _____ To _____ To _____

REVENUE INFORMATION:

Customer _____ Hauled From _____ To _____ Ticket No. _____

Customer _____ Hauled From _____ To _____ Ticket No. _____

Customer _____ Hauled From _____ To _____ Ticket No. _____

Customer _____ Hauled From _____ To _____ Ticket No. _____

FUEL AND MILEAGE

	MILES		MILES		MILES		MILES		MILES		MILES		MILES		MILES		MILES		MILES		MILES
AL		CT		IL		ME		MO		NM		OH		RI		TX		WA			
AK		DE		IN		MD		MT		NY		OK		SC		UT		WV			
AZ		DC		IA		MA		NE		NC		OR		SD		VT		WI			
AR		FL		KS		MI		NV		ND		PA		TN		VA		WY			
CA		GA		KY		MN		NH													
CO		ID		LA		MS		NJ													

Total Miles _____ Total Gallons _____

FUEL PURCHASES

Date	State No.	Station	Location	Invoice #	No.