

INDIVIDUAL VEHICLE DISTANCE AND FUEL REPORT

UNIT # _____

CARRIER NAME:		DATE:	ENDING ODOMETER READING	
ORIGIN:	DESTINATION:		BEGINNING ODOMETER READING	
ADDITIONAL PICK-UPS/DELIVERIES/REMARKS:			TOTAL ODOMETER MILES	
TOTAL ODOMETER MILES MUST EQUAL TOTAL TRIP MILES				

DATE	SHOW HIGHWAYS/ROUTES TRAVELED	STATE (JURISDICTION)	SHOW ODOMETER READING:	MILES BY STATE (JURISDICTION)	FUEL STOPS (CITY & STATE)	GALLONS PURCHASED
			A. AT BEGINNING OF TRIP B. WHEN EXITING JURISDICTION C. AT END OF TRIP			

TOTAL TRIP MILES			TOTAL FUEL PURCHASED		
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TOTAL MILES PER STATE/JURISDICTION					
STATES:		AL:	AZ:	AR:	CA:
CO:	CT:	DE:	DC:	FL:	GA:
ID:	IL:	IN:	IA:	KS:	KY:
LA:	ME:	MD:	MA:	MI:	MN:
MS:	MO:	MT:	NE:	NV:	NH:
NJ:	NM:	NY:	NC:	ND:	NS:
OH:	OK:	OR:	PA:	RI:	SC:
SD:	TN:	TX:	UT:	VT:	VA:
WA:	WV:	WI:	WY:		
CANADIAN PROVINCES:		AB:	BC:	MB:	NK:
NF:	NS:	ON:	PI:	QB:	SK:

DRIVER NAME (PRINTED):	DRIVER SIGNATURE:
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