Annual Distance Summary

Registrant/Carrier Name: _____ Vehicle #: _____

Quarter/Year: _____ Fleet #: _____

INSTRUCTIONS:

- Include only IRP qualified vehicles
- Identify and list all miles and fuel purchases for each jurisdiction separately

NOTE: All miles and fuel purchases must be supported by IVDR's (trip sheets) and paid fuel receipts. Prepaid fuel receipts will not be accepted.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Beginning Odometer					
Ending Odometer					
Total Miles*					
State/Province	Miles Traveled	Miles Traveled	Miles Traveled	Miles Traveled	Total Miles Traveled
Florida					
					0
Totals*					

* REMINDER: Total miles calculated using beginning and ending odometer readings for the quarter/year should equal total miles for the quarter/year