



(800) 699-4593

Trip Report

Instructions: List the city, state and date at the point of any route change, or at least one location per start if there was no route change. Also, list **ALL FUEL PURCHASES** and information as required. The corresponding fuel receipts **must be attached**. As required by DOT REGULATIONS, copies of all **TOLL RECEIPTS and TRUCK SCALE TICKETS** must be attached.

Driver: _____ Truck # _____

Trip Starts at _____ Date _____ Load# _____

YOUR ENTRIES MUST BE LISTED IN THE ORDER IN WHICH THEY OCCUR
PLEASE LIST ALL INTERMEDIATE POINTS AND FUEL STOPS

CITY	STATE	DATE	ROUTE	GALLONS	TRUCK STOP	INVOICE #	Check box if loaded
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Trip Ends at _____ Date _____

Trip Starts at _____ Date _____ Load# _____

CITY	STATE	DATE	ROUTE	GALLONS	TRUCK STOP	INVOICE #	Check box if loaded
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Trip Ends at _____ Date _____