



CARRIER NAME

Empty box for CARRIER NAME

DRIVER'S TRIP REPORT

STAPLE FUEL RECEIPTS HERE

DRIVER NAME:			UNIT #:			TRIP #:			
TRIP START DATE (MO/DAY/YR):		TRIP END DATE (MO/DAY/YR):		TRIP STARTED AT:		TRIP ENDED AT:		MOST DISTANT POINT OR TURNAROUND CITY:	
ODOMETER END:		ODOMETER START:		NOTE: THE ENDING ODOMETER READING OF THIS TRIP REPORT MUST BE THE BEGINNING ODOMETER READING OF THE NEXT TRIP REPORT		YARD FUEL ISSUED			
TOTAL:									

IS DISTANCE INFORMATION IN . . . KILOMETRES . . . OR . . . MILES

DATE (MO/DAY/YR)	STATE/PROV.	ODOMETER READING AT STATE/PROVINCIAL ENTRY						ROUTE/HIGHWAYS USED	TOTAL KMS/MILES ON TOLL ROAD

ENDING ODOMETER READING →

RECORD OF FUEL PURCHASES - DRIVERS MUST ATTACH ORIGINAL FUEL RECEIPTS							
STATE/PROV.	DATE	VENDOR'S NAME	LOCATION (CITY, STATE/PROV)	INVOICE NUMBER	VOLUME	GALLONS OR LITRES	

DRIVER'S SIGNATURE: