Company Name		
Driver's Name		
Unit (Truck) #		
Starting Point		

6535 W. Camelback Road, Ste 1 Phoenix AZ 85033 Mailing: P O BOX 14650 Phoenix AZ 85063

Phone: (623) 937-9869 Fax: (623) 934-4548



THIS FORM MUST BE TURNED INTO OUR OFFICE BY THE 5th AND NO LATER THAN THE 10th OF THE FOLLOWING MONTH

----- FUEL PURCHASES-----

							FUEL PURCHASES						
DATE	TRIP#		SHIPPER	FR	OM		TO		Vendors Name	City	State	Invoice No	Gallons
				<del>                                     </del>			<u> </u>						
DATE	ROUTES - from	load, new line at load,	ODOMETE	R READING	LOADED	EMPTY	TOLL						
	unload or state line	line	unload, state line	BEGIN MILES	END MILES	MILES	S MILES	MILES					