Daily Local Trip Report

(800) 699-4593

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	ZIP CODE	ROUTE	GALLONS	TRUCK STOP	INVOICE #	Check box if loaded
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Trip Ends at **Date**