

Co Name: _____
 Drivers Name: _____
 Date Trip Started: _____
 Trip #: _____ Unit #: _____
 Loading Point: _____
 Starting Point: _____
 Destination: _____

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 (NO LATER THAN
 THE 10th) OF THE
 FOLLOWING MONTH**

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

Date	State	Route or Highway No	Loaded Miles	Empty Miles	Toll Miles	Vendors Name	City	State	Invoice No	Gallons