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

5322 N 59th Ave, Suite K
Glendale AZ 85301
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

Rev 12/10 rh