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 AND NO LATER THAN THE 10th OF THE FOLLOWING MONTH

							FUEL PURCHASES				
Date	State	Route or Highway No	✓ Empty	Begin Odom.	End Odom.	Toll Miles	Vendors Name	City	State	Invoice No	Gallons

Rev 11/03 rh