

[A] Report Number:

[B] Month and Year:

MTO Month-End Trucking Report
Multiple Truck Owner(s)

To Complete This Form Refer to Instructions A through L

[C] State Project Number(s):

[D] Contract Number (if applicable):

[E] Hiring Contractor's Legal Company Name:

[F] [G] [H] [I] [J] [K]

Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Number of Trucks Per Day						Hourly Rate Paid For	Total Hours For	Hourly Broker Fee	Total Paid For (K = H * I)
Street Address:		1	2	3	4	5	6	Tractor Only \$			
City, State and Zip Code:		7	8	9	10	11	12	Tractor Trailer \$			
Contact Person:		13	14	15	16	17	18	5+ Axle \$			
Telephone Number:		19	20	21	22	23	24	4 Axle \$			
Email Address:		25	26	27	28	29	30	3 Axle \$			
SWIFT/Vendor Number:	Federal DOT Number:	31	[L] Additional reporting is required.					[M] Total		N/A	\$

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