

Weekly Trip Report

Name: _____ Truck #: _____ Trailer #: _____ Week End: _____ Start Mileage: _____ End Mileage: _____

	Machine(s):	Pick Up Location:	Mileage:	Delivery Location:	Freight Charge:
1.					
2.					
3.					
4.					
5.					
6.					

	Miles:	Gallons:
AL		
AR		
CO		
FL		
GA		
IA		
IL		
IN		
KS		
KY		
LA		

	Miles:	Gallons:
MD		
MI		
MN		
MO		
MS		
NC		
ND		
NE		
NY		
OH		
OK		

	Miles:	Gallons:
PA		
SC		
SD		
TN		
TX		
VA		
WI		
WV		
WY		

Expenses	Company:	Driver:
Fuel		
Additives		
Scales		
Wash		
Tires		
Shop/Parts		
Other		
Total		

Total Miles:
 Loaded Miles:
 Empty Miles:
 Days Out:

Total Gallons Fuel: